THE LANCET.

VOL. II.] LONDON, SATURDAY, SEPTEMBER 30, 1843. [1842-43.

ACCOUNT OF THE
HOSPITALS AND SCHOOLS OF MEDICINE IN LONDON;

For the Session of 1843-4, *commencing October* 2, 1843.

It has been our custom, at the commencement of every Medical Winter Session, to prefix to what we entitle the Students'-Number of THE LANCET, a brief account of the arrangements in the London Hospitals and Medical Schools, for the purpose of aiding medical students in their plans for the conduct of their studies. We shall accordingly, as on former occasios, take the different hospitals and schools in the order of their local position, proceeding through the metropolis from east to west; prefacing the account of the hospitals, &c., with abstracts of the qualifications demanded in candidates for medical examination in the Universities of London or Edinburgh, and by the Royal Colleges of Physicians and Surgeons, the Society of Apothecaries, and the Army, Navy, and East India Medical Examiners.

UNIVERSITY OF LONDON.

ABSTRACT OF REGULATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE.

Dated July 20th, 1843.

Candidates are required—

To have been engaged four years in professional studies at one or more of the Institutions or Schools recognised by the University.

To have spent one year, at least, of the four, in recognised Institutions or Schools in the United Kingdom.

To pass two Examinations.

For the FIRST EXAMINATION, which takes place once a-year, and commences on the first Monday in July, the Candidate is required to produce certificates—

Of having completed his nineteenth year.

Of having taken a Degree in Arts in the University, or in a University the Degrees granted by which are recognised by the Senate of the University, or of having passed the Matriculation Examination.

Of having studied two years at one or more of the Medical Institutions or Schools recognised by the University, subsequently to having taken a Degree in Arts, or passed the Matriculation Examination.

Of having attended a course of lectures on each of four of the subjects in the following list:—

Descriptive and Surgical Anatomy; General Anatomy and Physiology; Comparative Anatomy; Pathological Anatomy; Chemistry; Botany; Materia Medica and Pharmacy; General Pathology; General Therapeutics; Forensic Medicine; Hygiene; Midwifery, and Diseases peculiar to Women and Infants; Surgery; Medicine.

Of having dissected during nine months.

Of having attended a course of Practical Chemistry.

Of having attended to Practical Pharmacy during a time sufficient for acquiring a practical knowledge in the Preparation of Medicines.

The fee for the Examination is £5, which is returned in case of failure.

Candidates to be examined in the following subjects:—

Anatomy and Physiology; Chemistry; Structural and Physiological Botany; Materia Medica and Pharmacy, by written answers.

Chemistry, Materia Medica, and Pharmacy, by *viva voce*, and Demonstrations from Specimens.

Adatomy and Physiology, by *viva voce*, and Demonstrations from Preparations, and from the recent subject.

The SECOND EXAMINATION takes place once a-year, and commences on the third Monday in July.

No Candidate is admitted to this Examination within two academical years of the time of his passing the first Examination, nor unless he produce certificates—

Of having passed the first Examination.

Of having, subsequently passing the first Examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the Candidate had not presented certificates at the first Examination.

Of having, subsequently to passing the first Examination, dissected during six months.

Of having conducted at least six labours.

Of having attended the medical and surgical practice of a recognised hospital, or hospitals, during twelve months, and lectures on Clinical Surgery and Clinical Medicine.

Of having, subsequently to the completion of his attendance on Surgical and Medical Hospital Practice, attended to Practical Medicine in a recognised hospital, infirmary, or dispensary, during six months.

The fee for this Examination £5.

Candidates to be examined in the following subjects:—

Physiology; General Pathology; General Therapeutics; Hygiene; Surgery; Medicine; Midwifery; Forensic Medicine; in the first week of their examination by written answers, and in the second by *viva voce*.

REGULATIONS OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

Every Candidate for a Diploma in Medicine must produce satisfactory evidence—

1. Of having completed the twenty-sixth year of his age;
2. Of unimpeached moral character; and
3. Of having devoted himself for five years, at least, to the study of medicine.

The course of study thus ordered by the College comprises,—

Anatomy and Physiology; the Theory and Practice of Physic; Forensic Medicine; Chemistry; Materia Medica; Botany; Natural History; and the Principles of Midwifery and Surgery.

Each Candidate must have attended, for three entire years, the Physicians' practice of some general hospital in Great Britain or Ireland, containing at least one hundred beds, and having a regular establishment of physicians and surgeons.

Candidates who have been educated abroad must show that, in addition to the full course of study already specified, they have diligently attended the Physicians' practice in some General Hospital in this country for at least twelve months.

Candidates of the age of forty years, who have already been engaged in practice, but have not passed through the complete course of study above described, may be admitted to examination upon presenting to the Censors' Board such testimonials of character, general and professional, as shall be satisfactory to the College.

The first examination is in Anatomy and Physiology, comprising a knowledge of such propositions in any of the physical sciences as refer to the structure and functions of the human body.

The second examination includes all that relates to the causes and symptoms of Diseases and whatever portions of the collateral sciences appertain thereto.

The third examination relates to the treatment of Diseases, including a scientific knowledge of all the means used for that purpose.

The three examinations are held at separate meetings of the Censors' Board. The *viva voce* part of each is carried on in Latin, except when the Board deems it expedient to put questions in English, and permits answers to be returned in the same language.

The College is desirous that all those who receive its diploma should have a competent knowledge of Greek, but it does not consider this indispensable, if the other qualifications of the Candidate prove satisfactory; a familiar knowledge of Latin is, however, indispensable. At the commencement, therefore, of each oral examination, the Candidate is called on to translate *viva voce* into Latin a passage from Hippocrates, Galen, or Aretæus; or, if he decline this, he is, at any rate, expected to construe into English a portion of the works of Celsus, or Sydenham, or some other Latin medical author.

In connection with the oral examinations, the Candidate is required, on three separate days, to give written answers in English to questions on the different subjects enumerated above, and to translate, in writing, passages from Greek or Latin books relating to medicine.

Those who are approved at all these examinations will receive the following diploma under the common seal of the College:—

Sciant omnes, Nos., A. B. Præsidentem Collegii Medicorum Londinensis, unà cum consensû Sociorum ejusdem, auctoritate nobis a Domino Rege et Parliamento commissâ, examinâsse et opprobâsse ornatissimum virum, T. S. et ei concessisse liberam facultatem et licentiam tam docendi quam exercendi scientiam et artem medicam, eidemque summis honoribus et titulis et privilegiis, quæcunque hic vel alibi Medicis concedi solent, intra auctoritatis nostræ limites frui dedisse. In cujus rei fidem et testimonium, adjectis Censorum et Registrarii chirographis, sigillum nostrum commune præsentibus apponi fecimus, datis ex ædibus Collegii die mensis anno Domini millesimo octingentesimo ——

(Signed)

——— } Censores.
——— }
——— }
——— }
——— Registrarius.

REGULATIONS OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

(*The College is situated in Lincoln's-Inn-Fields.*)

Dated August 15, 1843.

I. Candidates will be required, in addition to a Certificate of being not less than twenty-one years of age, to bring proof

1. Of having been engaged in the acquirement of professional knowledge four years; during which period they must have studied Practical Pharmacy for six months, and have attended one year on the Practice of Physic, and three years on the Practice of Surgery, at a recognised Hospital or Hospitals in the United Kingdom;*—three months being allowed for a vacation in each year.

* By a Resolution of the Council on the 7th of November, 1839, no Provincial Hospital will in future be recognised by this College which contains fewer than 100 Patients, and no Metropolitan Hospital which contains fewer than 150 Patients.

2. Of having studied Anatomy and Physiology, by attendance on Lectures and Demonstrations, and by Dissections, during three winter sessions, of not less than six months each.
3. Of having attended two Courses of Lectures on the Principles and Practice of Surgery, delivered in two distinct periods or seasons, each Course comprising not less than 70 Lectures,—and one Course of not fewer than 70 Lectures, on the Practice of Physic—Chemistry—Materia Medica—and Midwifery, with Practical Instruction.

II. Members and Licentiates in Surgery of any legally-constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain Degrees, will be admitted for examination on producing their Diploma, Licence, or Degree, with proofs of being twenty-one years of age, and having been occupied four years in the acquirement of professional knowledge.

III. Graduates in Medicine of any legally-constituted College or University requiring residence to obtain Degrees, will be admitted for examination on adducing, together with

their Diploma or Degree, proof of having completed the anatomical and surgical education required by the foregoing Regulations, either at the School of the University where they shall have graduated, or at a recognised School or Schools in the United Kingdom.

IV. Certificates will not be recognised from any Hospital unless the Surgeons thereto be members of one of the legally-constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy, Physiology, or Midwifery, unless the respective teachers be members of some legally-constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the respective teachers be members of some legally-constituted College of Surgeons in the United Kingdom.

V. Certificates will not be received on more than one branch of science from one and the same Lecturer; but Anatomy and Physiology—Demonstrations and Dissections—will be respectively considered as one branch of science.

VI. Certificates will not be received from Candidates for the Diploma who have studied in London, unless they shall have registered their Tickets at the College as required by the Regulations, during the last ten days of January, April, and October, in each year; nor from Candidates who have studied elsewhere, unless their names regularly appear in the Registers transmitted from their respective Schools.

COLLEGIAL TRIENNIAL PRIZE OF FIFTY GUINEAS.

The subject for this Prize is, "The Anatomy of the Fibres of the Cerebrum, Cerebellum and Spinal Cord in the Human Subject; together with the Origins of the Cerebral, Spinal, and Sympathetic Nerves: specially illustrated by the Anatomy of the same Parts in the Lower Vertebrate Animals."

Candidates to be Members of the College, not of the Council.

The Dissertations to be in English, and to be distinguished by a motto or device, accompanied by a sealed paper, containing the name and residence of the author, and having, on the outside, a motto or device corresponding with that on the Dissertations.

The Dissertations to be addressed to the Secretary, and delivered at the College before Christmas Day, 1845.

The Manuscript Prize Essay, with every accompanying Drawing and Preparation, will become the property of the College; the other Dissertations and their corresponding sealed papers, will be returned upon authenticated application within the period of three years, after which period the papers containing the names of the respective authors will be burned, unopened, and the Manuscripts will become the property of the College.

JACKSONIAN PRIZES OF TWENTY GUINEAS EACH.

There are Two Prize-Subjects for the year 1844, viz.:—Injuries and Diseases of the Scalp, and the Anatomical Structure and Diseases of the Larger Blood-vessels.

Candidates to be Members of the College, not of the Council.

The Dissertations (in English, and distinguished in the manner above described) to be addressed to the Secretary, and delivered at the College before Christmas Day, 1844.

(The Manuscript Prize Dissertations, &c., will become the property of the College, and the same conditions will be pursued with regard to the rest, as above described.)

The Prize Subject for the present year, 1843, is, "Derangements in the Secretion of Urine, their Causes, Consequences, and Treatment;" the Dissertations upon which must be delivered at the College before Christmas Day next.

ABSTRACT OF REGULATIONS OF APOTHECARIES' HALL.

(*The Hall is situated in Union-street, Blackfriars.*)

Dated August, 1843.

The Examiners at this Institution require candidates for examination for a certificate of qualification to practise as an apothecary, to produce testimonials—

2. Of having served an apprenticeship of not less than five years to an apothecary.
2. Of having attained the full age of twenty-one years.
3. Of good moral conduct.
4. And of having passed a course of medical study in conformity with the regulations of the Court.

Students whose attendance on lectures has commenced on or after the 1st of October, 1835, must produce certificates of having attended, during three winter and two summer sessions, lectures in the following order, and medical practice from the commencement of the second to the termination of the third winter session.

(The winter medical session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas ; the summer session as commencing on the 1st of May, and ending on the 31st of July.)

First Winter Session.

Chemistry (at least 100 lectures).
Anatomy and Physiology.
Anatomical Demonstrations.
Materia Medica and Therapeutics (100 lectures).

First Summer Session.

Botany and Vegetable Physiology (50 lectures), to be attended either before or after the first winter session.

Second Winter Session.

Anatomy and Physiology.
Anatomical Demonstrations.
Dissections.
Principles and Practice of Medicine (in all 100 lectures).
Midwifery (at least 60 lectures).
Medical Practice of an Hospital.

Second Summer Session.

Forensic Medicine (50 lectures).
Midwifery, with attendance on Cases.
Medical Practice of an Hospital.

Third Winter Session.

Midwifery, with Cases, if two courses have not already been attended.
Medical Practice of an Hospital or Dispensary.
Dissections.
Principles and Practice of Medicine.

The Student must attend the medical practice of a recognised hospital from the commencement of the second winter to the termination of the second summer session, and from that time to the end of the third winter session, at an hospital or recognised dispensary. In connection with the hospital attendance a course of Clinical Lectures and Instruction in Morbid Anatomy are required. Midwifery after the first winter session. Practical Midwifery at any time after the conclusion of the first course of Midwifery Lectures.

The number of Lectures on Anatomy and Physiology, and of Anatomical Demonstrations, must be in conformity with the regulations of the Royal College of Surgeons of London.

The Lectures required in each course must be given on separate days. An examination of an hour's duration will be deemed equivalent to a Lecture.

Students must bring testimonials of instruction in Practical Chemistry and of having dissected the whole of the human body once at least.

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the Lectures and Medical Practice are attended in the prescribed order and in the required sessions.

REGISTRATION.

A book is kept at the Hall of the Society for the Registration of the names of students and of the lectures, hospitals, &c., they attend.

All students in London are required to appear personally and to register the several classes for which they have taken tickets; and those only will be considered to have complied with the regulations of the Court whose names and classes in the register correspond with the testimonials of the teachers.

The book will be open for registration of tickets in October and May, and for registration of certificates of having *duly attended* such lectures or medical practice, in April and August. Due notice of the days and hours of registration given from time to time.

PRELIMINARY EXAMINATION.

Students may undergo their Latin Examination at any time after their first registration, except during August and September. A book is opened at the Hall for the names of gentlemen desirous of undergoing this examination, to which twenty will be admitted on each successive Saturday, provided there are as many names on the list; when less, no examination will take place. Candidates must attend at half-past three o'clock, and those who fail to pass this examination satisfactorily will not be re-admitted until they appear for their general examination.

EXAMINATION.

The examination of the candidate consists in translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of Gregory's Conspectus Medicinæ Theoreticæ; in Physicians' Prescriptions and the Pharmacopœia Londinensis; Chemistry; Materia Medica and Therapeutics; Botany; Anatomy and Physiology; the Principles and Practice of Medicine, including the Pregnant and Puerperal States and the Diseases of Children.

By Act of Parliament, no rejected candidate can be re-examined *until the expiration of six months* from his former examination.

ORDER OF ATTENDANCE ON LECTURES, &c.

FOR THE OBSERVANCE OF THOSE WHO

INTEND TO PASS BOTH THE HALL AND THE COLLEGE.

The following scheme indicates the "order of study" to be observed in complying at one and the same time with the regulations of both the Apothecaries' Society and the College of Surgeons.

First Winter Session.

Chemistry.
Anatomy.
Physiology
Anatomical Demonstrations in the dissecting-rooms.
Materia Medica and Therapeutics.*
Principles and Practice of Surgery.
Surgical Practice of an Hospital.

First Summer Session.

Botany.
Surgical Practice of an Hospital.

Second Winter Session.

Anatomy.
Physiology.
Anatomical Demonstrations in the dissecting-rooms.
Dissections.
Midwifery and Diseases of Women and Children.*
Principles and Practice of Medicine.
Principles and Practice of Surgery.
Medical and Surgical Practice of an Hospital.

Second Summer Session.

Botany, if not attended during the first summer session.
Forensic Medicine.
Practical Midwifery.
Medical and Surgical Practice of an Hospital.

Third Winter Session.

Dissections.
Midwifery and Diseases of Women and Children.
Principles and Practice of Medicine.
Medical and Surgical Practice of an Hospital or Medical Dispensary.

* In our list of schools the words "materia medica" are designed to indicate also *therapeutics*; and the word "midwifery" is intended to include *diseases of women and children.*

STATUTES OF THE UNIVERSITY OF EDINBURGH RELATIVE TO THE DEGREE OF M.D.

I. No one is admitted to the Examinations for the Degree of Doctor of Medicine who has not been engaged in medical study for four years, during at least six months of each, either in the University of Edinburgh or in some other University where the Degree of M.D. is given; unless, in addition to three Anni Medici in an University, he has attended, during six winter months, the Medical and Surgical Practice of a General Hospital, with at least eighty patients, and during the same period a course of Practical Anatomy.

II. No one shall be admitted to the Examinations for the Degree of Doctor who has not given sufficient evidence,—

1. That he has studied, once at least, each of the following departments of Medical Science, under Professors of Medicine in this or in some other University, as already defined, viz.:—Anatomy; Chemistry; Materia Medica and Pharmacy; Institutes of Medicine; Practice of Medicine; Surgery; Midwifery and the Diseases peculiar to Women and Children; General Pathology; Practical Anatomy (unless it has been attended in the year of extra academical study allowed by Sect. I.)—during courses of six months each.
   Clinical Medicine, that is, the treatment of patients in a public hospital under a Professor of Medicine, by whom lectures on the cases are given,—during courses of six months, or two courses of three months each.
   Clinical Surgery; Medical Jurisprudence; Botany; and Natural History, including Zoology,—during courses of at least three months each.
2. That in each year of his academical studies in medicine, he has attended two of the six months' courses of lectures above specified, or one of these and two of the three months' courses.
3. That, besides the course of Clinical Medicine already prescribed, he has attended, for six months of another year, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, accommodating eighty patients.

4. That he has attended, for at least six months, by apprenticeship or otherwise, the art of compounding and dispensing drugs at the laboratory of an hospital, dispensary, member of a surgical college or faculty, Licentiate of the London or Dublin Society of Apothecaries, or a professional chemist or druggist.
5. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of an hospital, or the practice of a dispensary, or that of a physician, surgeon, or member of the London or Dublin Society of Apothecaries.

III. No one shall obtain the Degree of Doctor who has not studied, in the manner already prescribed, for one year previous to his graduation, in the University of Edinburgh.

IV. Every Candidate for the Degree in Medicine, must deliver before the 24th of March, of the year in which he proposes to graduate, to the Dean of the Faculty of Medicine,—

First. A Declaration, in his own handwriting, that he is twenty-one years of age, or will be so before the day of graduation; and that he will not be then under articles of apprenticeship to any surgeon or other master.

Secondly. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates.

Thirdly. A medical dissertation, composed by himself, in Latin or English; to be perused by a professor, and subject to his approval.

V. Before a Candidate be examined in Medicine, the Medical Faculty shall ascertain, by examination, that he possesses a competent knowledge of Latin.

VI. If the Faculty be satisfied of this they shall proceed to examine him, either *viva voce*, or in writing; *first*, on Anatomy, Chemistry, Botany, Institutes of Medicine, and *Natural History*, bearing chiefly on Zoology; and, *secondly*, on Materia Medica, Pathology, Practice of Medicine, Surgery, Midwifery, and Medical Jurisprudence.

VII. Students may be admitted to an examination on the first division on these subjects, at the end of the third year of their studies.

VIII. If any one, at these examinations, be found unqualified for the Degree, he must study for another year two of the subjects prescribed in Section II., under Professors of Medicine, in this or some other University, as above defined, before being admitted to another examination.

IX. Should he be approved of he will be allowed, but not required, to print his Thesis; and, if printed, forty copies of it must be delivered before the 25th day of July to the Dean of the Medical Faculty.

X. If the Candidate have satisfied the Medical Faculty, the Dean shall lay the proceedings before the Senatus Academicus, by whose authority the Candidate shall be summoned, on the 31st of July, to defend his Thesis; and, finally, if the Senate think fit, he shall be admitted, on the first lawful day of August, to the Degree of Doctor.

XI. The Senatus Academicus, on the day here appointed, shall assemble at ten o'clock, a.m., for the purpose of conferring the Degree; and no Candidate, unless a sufficient reason be assigned, shall absent himself, on pain of being refused his Degree for that year.

XII. Candidates for Graduation shall be required to produce evidence of their having conformed to those regulations which were in force at the time they commenced their medical studies in an University.

Candidates who commenced their University studies before 1825 will be exempted from the fourth year of attendance (Sect. I.), from the additional Hospital attendance (Sect. II., Art. 3), from the necessity of a year's study in Edinburgh (Sect. III.), and from any attendance on—

Clinical Surgery; Medical Jurisprudence; Natural History; Military Surgery; Practical Anatomy; Pathology; and Surgery Dissection and Anatomy.

Those who commenced between 1825 and 1831 will be exempted from attendance on General Pathology, and also on Surgery distinct from Anatomy.

Those who commenced between 1825 and 1833 will be required to attend only two of the following classes, viz.:—

Clinical Surgery; Medical Jurisprudence; Natural History; Military Surgery; Practical Anatomy.

And those who commenced before 1833 will be exempted from the attendance specified in Sect. II., Arts. 4 and 5.

N. B.—The attendance on Midwifery in an University (Sect. II., Art. 1) is required of all Candidates.

BY-LAWS AND REGULATIONS REGARDING MEDICAL EDUCATION AT THE APOTHECARIES' HALL, DUBLIN.

Every Candidate must undergo two separate Examinations, one for "the certificate of apprentice," the other for "the licence to practise." No Candidate seeking to be examined for the certificate to be apprenticed to an apothecary will be admitted to such examination until he has attained the age of fifteen years.

The examination will consist in translating and parsing the following books, viz.:—the works of Sallust, the First Six Books of the Æneid of Virgil, the Satires and Epistles of Horace, the Greek Testament, the Dialogues of Lucian, and the First Four Books of Homer's Iliad; the First Six Books of Telemachus, or the History of Charles the Twelfth (in French); the First Two Books of Euclid; and Algebra—to simple Equations.

Every Candidate "for the licence to practise" as an apothecary must lay before the Court the following documents:—

1. "The certificate of apprentice" obtained from the Court.

2. His indenture of apprenticeship, enrolled according to Act of Parliament, with a certificate signed by the Licentiate to whom he has been indented, that he is a good moral character, and has fulfilled the period of apprenticeship required by the Act.

3. Certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects delivered at the School of the Apothecaries' Hall, or at some other school of medicine recognised by the Court.

The order of study here laid down is recommended for the guidance of students.

Chemistry; Anatomy and Physiology,—during six months each.

Practical Chemistry; Botany,—three months.

Materia Medica; Demonstrations and Dissections; Theory and Practice of Medicine; Surgery; Midwifery and the Diseases of Women and Children,—six months.

Forensic Medicine, three months.

Also a certificate of twelve months' attendance on the entire practice of a medico-chirurgical hospital recognised by the Court, containing at least fifty beds, and where clinical instruction is regularly given.

The examination for the licence to practise as an apothecary will be as follows:—

In translating and explaining the processes in the British Pharmacopœias and extemporaneous Prescriptions; Chemistry and General Physics; Materia Medica and Therapeutics; Natural History and Medical Botany; Anatomy and Physiology; Medicine, Midwifery, and Toxicology.

According to the Act a rejected Candidate cannot be readmitted for examination until the expiration of six months.

REGULATIONS OF THE ARMY MEDICAL SERVICE.

Candidates for the Medical Department of the Army are required to produce the Diploma of either of the Colleges of Surgeons of London, Edinburgh, or Dublin, and the following Testimonials:—Eighteen months' attendance at an hospital where the average number of in-patients is not less than 100; twenty-four months' Anatomy; twelve months' Practical Anatomy; twelve months' Surgery or (what is preferred) six month's Surgery and six months' Military Surgery; eight months' Clinical Surgery, a complete course of two or three Lectures during the week; twelve months' Practice of Physic, or six months' Practice of Physic and six of General Pathology; eight months' Clinical Lectures on ditto, the same as required in Surgery; twelve months' Chemistry; six months' Practical Chemistry; three months' Botany; four months' Materia Medica; three months' Practical Pharmacy or Apprenticeship; five months' Natural History; five months' Midwifery; five months Natural Philosophy.

2nd. The Candidates must be unmarried, and not beyond twenty-six, nor under twenty-one, years of age.

3rd. Candidates who have had an University Education and have the degree of A.B. or A.M. as well as that of M.D., will be preferred; but a liberal education and a competent knowledge of Greek and Latin are indispensably requisite in every Candidate.

4th. The greater the attainments of the Candidates in various branches of science, in addition to competent professional knowledge, the more eligible will they subsequently be deemed for promotion in the Service; for selections to fill vacancies will be guided more by reference to such acquirements than to mere seniority.

5th. The rank of Physician to the Forces, or Assistant-Inspector of Hospitals, requires that the individual should be a Fellow or Licentiate of the Royal College of Physicians of London or a Graduate of the University of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, Aberdeen, London, or of the Faculty of Medicine of Glasgow.

6th. Although the British Schools are specified, Candidates who have received regular education in approved Foreign Universities or Schools will be admitted to examination.

7th. With the exception of Practice of Physic and Clinical Medicine by one teacher, Candidates must have attended separate lecturers for each branch of science.

8th. Before promotion from the rank of Assistant-Surgeon to any higher rank, every gentleman must be prepared for such other Examination as may be ordered before a Board of Medical Officers.

9th. Diplomas, Tickets of Attendance on Lectures, and Certificates of regular attendance by each Professor or Lecturer, must be lodged at the office at least one week before the Candidate appears for Examination, and likewise Certificates of Moral Conduct and Character, one of them by a Clergyman, and that of the Parochial Minister is desirable. Baptismal Certificates are required at the same time; if the parish register cannot be resorted to, an affidavit from one of the parents, or some person who can attest the fact, will be accepted.

10th. The Certificate of the Teacher of Practical Anatomy must state the number of subjects or parts dissected by the Pupil.

11th. Certificates of Lectures and Attendance must be from Physicians or Surgeons of the recognised Colleges of Physicians and Surgeons in the United Kingdom, or of Foreign Universities.

Note.—All communications to be forwarded "unsealed," under cover, to "The Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

Army Medical Department, February, 1840.

REGULATIONS FOR THE NAVAL MEDICAL SERVICE.

A Candidate for admission as an Assistant-Surgeon in the Royal Navy, must produce a Certificate from the Royal College of Surgeons of London, Edinburgh, or Dublin, of his fitness for that office; and for admission as a Surgeon shall produce a Diploma or Certificate from one of the said Royal Colleges, founded on an Examination to be passed subsequently to his appointment of Assistant-Surgeon, as to the Candidate's fitness for the situation of Surgeon in the Navy; and in every case the Candidate producing such Certificate or Diploma shall undergo a further Examination before the *Inspector-General of Naval Hospitals and Fleets*, touching his qualifications in all the necessary branches and points of Medicine and Surgery for each of the steps in the Naval Medical Service. Previously to the admission of Assistant-Surgeons into the Navy it is also required that they produce proof of a Classical Education and a competent knowledge of Latin; and

That they are of good moral character, the Certificate of which must be signed by the Clergyman of the parish or by a Magistrate of the district.

That they have served an Apprenticeship, or been engaged six months in Practical Pharmacy.

That their age be not less than twenty, nor more than twenty-four years; and that they are unmarried.

That they have actually attended an Hospital in London, Edinburgh, Dublin, Glasgow, or Aberdeen, for two years subsequently to the age of eighteen, in which the average number of patients is not less than 150.

That they have been engaged in actual dissections of the human body twelve months; the Certificate of which must state the number of subjects or parts dissected by the Candidate.

That they have attended Lectures, &c., on the following subjects, at established schools of eminence, by Physicians or Surgeons of the recognised Colleges of Physicians and Surgeons in the United Kingdom, for periods not less than hereunder stated; observing, however, that such Lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the Lectures on Anatomy, Surgery, and Medicine, be not attended during three distinct winter sessions of six months each:—

Anatomy, eighteen months; or General Anatomy twelve months, and Comparative Anatomy six months.

Surgery, eighteen months; or General Surgery twelve months, and Military Surgery six months.

Theory of Medicine, six months; Practice of Medicine, twelve months.*

If the Lectures on the Theory and Practice of Medicine are given in conjunction, then the period required is eighteen months.

* Six months' Lectures on Pathology, if given at an University where there may be a Professorship on that branch of science, will be admitted in lieu of six months' Lectures on the Practice of Medicine.

Clinical Lectures at an Hospital as above, twelve months; or the Practice of Medicine, six months; or the Practice of Surgery, six months.

Chemistry, six months; or Lectures on Chemistry three months, and Practical Chemistry three months.

Materia Medica, six months.

Midwifery, six months; accompanied by Certificates stating the number of Midwifery Cases personally attended.

Botany, six months; or General Botany three months, and Medical Botany three months.

In addition to the Tickets for the Lectures, Certificates must be produced from the Professors, &c., by whom the Lectures were given, stating the periods (in months) *actually* attended by the Candidates. The time, also, of actual attendance at an Hospital or Infirmary must be certified; and the Tickets as well as Certificates of attendance, age, moral character, &c., must be produced by the Candidate immediately on his being desired to appear for Examination.

A favourable consideration will be given to the cases of those who have obtained the Degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London; or who, by possessing a knowledge of Diseases of the Eye, Medical Jurisprudence, Natural History, Natural Philosophy, &c., appear to be more peculiarly eligible for admission into the service, observing, however, that Lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

No Assistant-Surgeon can be promoted to the rank of surgeon until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea: and no one can be admitted to an examination for Surgeon unlesshe be a member of one of the above-named Royal Colleges.

REGULATIONS OF THE EAST-INDIA MEDICAL SERVICE.

AGE.

The Assistant-Surgeon must not be under twenty-two years, in proof of which he must produce an extract from the register of the parish in which he was born, or his own declaration, and other Certificates, agreeably to forms to be obtained in the Office for Cadets and Assistant-Surgeons, Military Department, East-India House.

QUALIFICATION IN SURGERY.

The Assistant-Surgeon, upon receiving a Nomination, will be furnished with a Letter to the Court of Examiners of the Royal College of Surgeons, to be examined in Surgery, and their Certificate will be deemed a satisfactory testimonial of his qualification; but should the Assistant-Surgeon be previously in possession of a Diploma from the Royal College of Surgeons of London, or of the Colleges of Surgeons of Dublin or Edinburgh, or of the College and University of Glasgow, or of the Faculty of Physicians and Surgeons of Glasgow, either of them will be deemed satisfactory as to his knowledge of Surgery, without any further examination. He is also required to produce a Certificate from the Cupper of a Public Hospital in London of having acquired, and being capable of practising with proper dexterity, the art of Cupping.

QUALIFICATION IN PHYSIC.

The Assistant-Surgeon will also be required to pass an examination by the Company's Examining Physician in the Practice of Physic, in which examination will be included as much Anatomy and Physiology as is necessary for understanding the causes and treatment of internal diseases, as well as the art of prescribing and compounding medicines; and he will be required to produce satisfactory proof of his having attended at least two Courses of Lectures on the Practice of Physic; and, above all, a Certificate of having attended diligently the practice of the physicians at some general *Hospital* in London for six months; or at some general Hospital in the country (within the United Kingdom) for six months, provided such provincial Hospital contain at least, on an average, one hundred in-patients, and have attached to it a regular establishment of physicians as well as surgeons. No attendance on the Practice of a Physician at any *Dispensary* will be admitted.

The Assistant-Surgeon is required, as a condition to his appointment, to subscribe to the Military or Medical and Medical Retiring Fund at his respective Presidency, and also to the Military Orphan Society if appointed to Bengal; and actually proceed under orders

for embarkation within three months from the date of being passed and sworn before the Committee for passing Military Appointments; he will then be furnished with an order to obtain the Certificate of his Appointment, for which he will pay a fee of £5 in the secretary's-office.

GENERAL CAUTIONS.

Notice is hereby given, that should it be discovered at any time that this appointment has been obtained by purchase, or agreement to pay any consideration whatsoever, either directly or indirectly, when the appointment is completed, the assistant-surgeon will not only be dismissed, and rendered ineligible to hold any situation in the East India Company's Service, but all the parties concerned in procuring the appointment will subject themselves to a criminal prosecution for a misdemeanour; and the Court of Directors of the East India Company do hereby declare, that they will prosecute any person or persons who shall hereafter be detected in such illicit traffic.

If an Assistant-Surgeon produces a false Certificate, or the dates are found to have been altered for the purpose of making him appear to be of a proper age, he is rendered ineligible to hold any situation in the Company's Service.

LONDON HOSPITAL, WHITECHAPEL-ROAD.

Surgeons—Mr. Andrews, Mr. John Scott, Mr. Luke.
Assistant-Surgeons—Mr. Hamilton, Mr. Adams, Mr. Curling.
Physicians—Dr. Billing, Dr. Gordon, Dr. Cobb.
Assistant-Physicians—Dr. A. Frampton, Dr. Little, Dr. Pereira.

TERMS OF HOSPITAL PRACTICE.

Medical Practice.				*Surgical Practice.*			
Eighteen months.....	£10	10	0	Visiting pupil.....	£21	0	0
Perpetual.....	21	0	0	One year as dressing pupil	31	10	0
				Six months, ditto	21	0	0
Apothecaries' fee.....	1	1	0	Library.....	1	1	0

Three Dresserships are given to pupils of the Anatomical Class, each pupil being previously required to dress the out-patients for one year.

The London Hospital contains 320 beds, of which 100 are devoted to Medical and 220 to Surgical Cases. 3627 persons were treated as in-patients, and 11,769 as out-patients during last year, and during the same period 5503 accidents were admitted.

Clinical Lectures, by Dr. Gordon, Mr. Scott, and Mr. Luke.

LONDON HOSPITAL SCHOOL.

Anatomy and Physiology; Mr. Adams, daily (except Saturday), at half-past 2. One session, £6 6*s*; unlimited, £10 10*s*.

Anatomical Demonstrations and Dissections; Mr. Adams and Mr. Critchett, daily, at a quarter-past 11. One session, £6 6*s*; unlimited, £10 10*s*.

Chemistry; Dr. Pereira, Monday, Wednesday, and Friday, at 10. One session, £7 7*s*; unlimited, £7 7*s*.

Materia Medica; Dr. Pereira, Tuesday, Thursday, and Saturday, at half-past 3. One session, £4 4*s*; unlimited, £5 5*s*.

Medicine; Dr. Cobb and Dr. Little, Monday, Tuesday, Thursday, and Friday, at half-past 8, a.m. One session, £4 4*s*; unlimited, £7 7*s*.

Midwifery, &c.; Dr. F. H. Ramsbotham, Tuesday, Thursday, and Saturday; at 10. One session, £4 4*s*; unlimited, £6 6*s*.

Surgery; Mr. Luke and Mr. Curling, Monday, Wednesday, and Friday, at a quarter to 4. One session, £3 3*s*; unlimited, £5 5*s*.

Botany; Mr. Quekett, daily, at half-past 3, in the summer. One course, £3 3*s*; unlimited, £4 4*s*.

Forensic Medicine; Dr. F. H. Ramsbotham and Dr. A. Frampton, daily, at half-past 2, in the summer. One course, £3 3*s*; unlimited, £4 4*s*.

Mr. Craigie will Lecture on the Anatomy of the Teeth and Dental Surgery.

General fee for attendance on all the above Lectures, qualifying for Examination at the Royal College of Surgeons and Apothecaries' Hall, £50.

A Course of Comparative Anatomy and Physiology, will be delivered during the summer session, by Dr. Letheby.

GUY'S HOSPITAL, SOUTHWARK.

Surgeons—Mr. Key, Mr. Morgan, and Mr. B. Cooper.
Assistant-Surgeon—Mr. Callaway.
Consulting-Physician—Dr. Bright.
Physicians—Dr. Addison, Dr. Babington, and Dr. Barlow.
Assistant-Physicians—Dr. Hughes and Dr. Golding Bird.

Surgical Practice.

Six months	£20	0	0	Surgeons' dressers, six months	£32	12	0
Three years	26	6	0	Ditto, one year	51	2	0

Medical Practice.

Eighteen months	£15	15	0	Perpetual	£24	4	0

Surgeons' out-patients on Thursdays, at 11; Physicians' out-patients on Fridays, at 11; The physicians' clinical wards will open the first week in November.
The Eye Infirmary is attended by Dr. Owen Rees and Mr. Morgan, on Mondays and Fridays, at half-past ten. A Lying-in Charity is attached to the hospital.

GUY'S HOSPITAL SCHOOL.

Anatomy, Descriptive and Surgical, with Physiology; Mr. Bransby Cooper and Mr. Cock, daily, at 2. One session, £5 5*s*; two or more sessions, £10 10*s*.
Practical Anatomy; Mr. Cock and Mr. Hilton, daily, at half-past 11. One session, £5 5*s*; two or more sessions, £10 10*s*.
Anatomical Demonstrations; Mr. Birkett and Mr. Moody.
Pathological Anatomy; Mr. T. W. King and Mr. Hilton, Saturday, at half-past 11. One or more sessions, £3 3*s*.
Chemistry;* Mr. Aikin and Mr. Taylor, Tuesday, Thursday, and Saturday, at 10. One session, £6 6*s*; two or more sessions, £8 8*s*.
Materia Medica; Dr. Addison and Dr. Golding Bird, Tuesday, Thursday, and Saturday, at half-past 3. One or more sessions, £4 4*s*.
Medicine; Dr. Addison and Dr. Babington, Monday, Wednesday, and Friday, at half-past 3. One session, £4 4*s*; two ditto, £6 6*s*; unlimited, £8 8*s*.
Midwifery; Dr. Ashwell, Dr. Lever, and Dr. Oldham, Tuesday, Wednesday, Thursday, and Friday; at half-past 8, a.m. One course of three months, £3 3*s*; two courses, £5 5*s*; unlimited, £6 6*s*.
Natural Philosophy; Dr. Gull, Wednesday, at 7, p.m. One or more sessions, £2 2*s*.
Surgery (including Ophthalmic Surgery); Mr. Key and Mr. Morgan, Monday, Wednesday, and Friday, at 8, p.m. One session, £3 3*s*; two or more ditto, £5 5*s*.
Teeth (Structure and Diseases of); Mr. T. Bell. One session, £2 2*s*.
Botany; Mr. C. Johnson and Dr. G. Bird, daily, at half-past 11, in the summer. One or more sessions, £3 3*s*.
Medical Jurisprudence;† Mr. A. Taylor, daily, at 10, in the summer. One session, £3 3*s*; two or more sessions, £4 4*s*.
Midwifery; at 9, in the summer.

* Fee for a Course of Practical Chemistry, £2 2*s*. † Ditto, Toxicology, £1 1*s*.

The Lectures on the Teeth are free to the Anatomical Pupils.
Demonstrations on Morbid Anatomy daily, at half-past twelve.
Microscopical Anatomy, by Dr. Williams, and Lectures on Moral Philosophy by the Chaplain, the Rev. F. D. Maurice.
Dr. Gull and Dr. Nevins, the examiners, will assist pupils who are preparing for examination or to graduate at the universities.
N.B.—The medical session for 1843-44 at this school does not commence until Monday, October 16th.

ST. THOMAS'S HOSPITAL, SOUTHWARK.

Surgeons—Mr. Green, Mr. South, and Mr. Mackmurdo.
Assistant-Surgeons—Mr. Solly, Mr. B. Travers, and Mr. F. Le Gros Clark.
Physicians—Dr. Williams, Dr. Burton, and Dr. Barker.
Assistant-Physicians—Dr. Leeson and Dr. Cape.

Surgical Practice.

Nine months	£20	0	0
Three years or more	26	6	0
Dresser, six months	32	12	0
Ditto, one year	51	2	0

Medical Practice.

Eighteen months	£15	15	0
Two years or more	24	3	0

Times of Attendance of the Medical Officers.

Mr. Green, Wednesday and Saturdays.
Mr. South, Tuesdays and Fridays.
Mr. Mackmurdo, Mondays and Thursdays.
Dr. Williams, Mondays and Thursdays.
Dr. Burton, Tuesdays and Fridays.
Dr. Barker, Wednesdays and Saturdays.
All at 12 o'clock.

Dr. Leeson sees out-patients Thursdays and Fridays, Dr. Cape Fridays, at 12 o'clock; Mr. Solly, Mr. B. Travers, and Mr. F. Le Gros Clark, see out-patients Monday and Wednesdays, at 9 o'clock.
Mr. Mackmurdo attends the Ophthalmic Ward Mondays, and out-patients Thursdays, at 1 o'clock.
Surgical Operations Saturdays, at 1 o'clock.
Mr. Saunders attends Dental Surgery Thursdays, at 12 o'clock.
A clinical lecture will be given by one of the physicians, and another by one of the surgeons, every week, at 12 o'clock.
Post-mortem Examinations, at 1 o'clock, by Dr. Munk.

In the spring, a medal and honorary certificate are to be awarded for the best series of clinical medical reports, and others for the best series of clinical surgical reports, of cases from the wards of the hospital.
Two six-month's dresserships to the two students who shall have passed the best examination in surgery.
Two clinical medical clerkships to the two found most efficient in medicine.

ST. THOMAS'S SCHOOL.

Anatomy, General, and Physiology; Mr. R. D. Grainger, daily, at 2. One session, £5 5s; unlimited, £9 9s.
Anatomy, Descriptive and Surgical; Mr. F. Le Gros Clark, daily (except Wednesday), at 9. One session, £4 4s; unlimited, £9 9s.
Demonstrations; Mr. Dixon and Mr. Trew, daily.
Chemistry (with manipulation); Dr. Leeson, Tuesday, Thursday, and Friday, at 11. One session, £6 6s; unlimited, £8 8s.
Materia Medica, &c.; Dr. Risdon Bennett and Dr. Wilks, Tuesday, Thursday, and Friday, at half-past three. Unlimited, £4 4s.
Medicine; Dr. Marshall Hall and Dr. Barker, Monday, Tuesday, Thursday, and Friday, at 7, p.m. One session, £4 4s; unlimited, £6 6s.
Midwifery, &c.; Dr. Cape, Monday, Wednesday, and Saturday, at half-past 3. One session, £5 5s; unlimited, £6 6s.
Surgery; Mr. Green and Mr. B. Travers, Monday, Wednesday, and Saturday, at 11. One session, £3 3s; unlimited, £5 5s.
Teeth, Diseases of the, &c.; Mr. Edwin Saunders. Unlimited, £2 2s.
Anatomy, Comparative, and Natural History; Dr. W. B. Carpenter, in the summer. One or more courses, £2 2s.
Anatomy, Pathological; Dr. Marshall Hall and Dr. Barker, in the summer.
Botany; Mr. Hoblyn, in the summer. One session, £3 3s; unlimited, £4 4s.
Forensic Medicine; Dr. Leeson and Dr. Risdon Bennett, in the summer. One session, £3 3s; unlimited, £4 4s.
Ophthalmic Surgery; Mr. Mackmurdo, in the summer. Unlimited, £2 2s.

A course of Chemical Manipulation in the laboratory in summer.
The Exanthemata by Dr. Gregory; the lectures on Variola, &c., illustrated by clinical observations at the Small-pox Hospital.
Dr. Cape's pupils can attend gratuitously his practice at the Royal Infirmary for Children, Waterloo-bridge-road.
The Pupils of the hospital are admitted gratuitously to the lectures on Comparative Anatomy, &c.
The Pupils of the Surgery class are admitted gratuitously to the lectures on Ophthalmic Surgery.
General fee to the lectures and hospital practice, eighty-five guineas.

ST. BARTHOLOMEW'S HOSPITAL, SMITHFIELD.

Surgeons—Mr. Vincent, Mr. Lawrence, Mr. Stanley.
Assistant-Surgeons—Mr. Lloyd, Mr. Skey, Mr. Wormald.
Physicians—Dr. Hue, Dr. Roupell, Dr. George Burrows.
Assistant-Physicians—Dr. F. J. Farre, Dr. Jeaffreson, Dr. Black.

Surgical Practice.				*Medical Practice.*			
Six months	£18	18	0	Nine months	£12	12	0
Twelve months or more	26	5	0	Eighteen months	15	15	0
Dresser.				Unlimited	31	10	0
Six months	18	18	0				

Clinical lectures during the summer,—on Medicine, by Dr. Roupell, every Monday, at 12; and by Dr. Burrows, every Tuesday, at 12; on Surgery, by Mr. Lawrence, every Friday, at half-past 1; and by Mr. Stanley, every Saturday, at 12.

Examinations after Death, in the Pathological Theatre, at 11.

Surgical Operations, on Saturdays, at 1.

St. Bartholomew's Hospital contains 530 beds. The in-patients amount annually to 5000, out-patients and casualties to nearly 36,000.

COLLEGIATE ESTABLISHMENT.—In connection with the medical school, several houses within the hospital walls have been fitted up for the residence of a certain number of students; their immediate superintendence being with the resident warden, Mr. Paget.

Subscription to the library, for twelve months, £1 1*s*; for an unlimited period, £1 10*s*.

At the conclusion of each session examinations for prizes are held in the several classes. The prizes, publicly awarded in May, include the Wix Prize, for the best English Essay on the Connection between Revealed Religion and Physical Science; and the Bentley prize, for the best report of cases, medical or surgical, in the hospital during the previous year.

ST. BARTHOLOMEW'S SCHOOL.

Anatomy, Descriptive and Surgical; Mr. Skey, daily, at half past 2. Half session, £5 5*s*; whole session, £7 7*s*; unlimited, £10 10*s*.

Anatomy, General and Morbid, and Physiology; Mr. Paget, daily, at 9. Half session, £5 5*s*; whole session, £7 7*s*; Unlimited, £10 10*s*.

Dissections, Superintendence of; Mr. M'Whinnie and Mr. Ormerod, daily.

Chemistry; Mr. Griffiths, Monday, Wednesday, and Friday, at 10. Half session, £4 4*s*; whole session, £6 6*s*; unlimited, £8 8*s*.

Materia Medica; Dr. Roupell, Tuesday, Thursday, and Saturday, at 10. Whole session, £5 5*s*; unlimited, £7 7*s*.

Medicine; Dr. G. Burrows, Monday, Tuesday, Thursday, and Friday, at a quarter to 4. Whole session, £5 5*s*; unlimited, £7 7*s*.

Midwifery, &c.; Dr. Rigby, Monday, Wednesday, and Thursday, at 6. Whole session, £3 3*s*; unlimited, £5 5*s*.

Natural Philosophy; Mr. Griffiths, Wednesday and Friday, at 12. One course, £1 1*s*.

Surgery; Mr. Lawrence, Monday, Wednesday, and Thursday, at 7, p.m. Whole session, £5 5*s*; unlimited, £7 7*s*.

Botany; Dr. Farre, daily, except Saturday, at half-past 2, in the summer. One course, £3 3*s*; second course, £2 2*s*; unlimited, £4 4*s*.

Comparative Anatomy; Mr. M'Whinnie, Monday, Wednesday, and Friday, at 9, in the summer. One course, £1 1*s*.

Practical Chemistry; Mr. Griffiths, Tuesday and Thursday, at 9, in the summer. One course, £3 3*s*.

Forensic Medicine; Dr. Baly, daily, except Saturday, at 11, in the summer. One course, £3 3*s*; unlimited, £4 4*s*.

Midwifery; Dr. Rigby, daily, at 10, in the summer.

Natural Philosophy; Mr. Griffiths, Wednesday and Friday, at 12, in the summer. One course, £1 1*s*.

Entrance fee to all the lectures required for admission to examination at the Royal Colleges of Physicians and Surgeons, and the Society of Apothecaries, £52 10*s*.

Unlimited entrance to all the lectures, £63.

ALDERSGATE SCHOOL OF MEDICINE,

Aldersgate-street, City.

Anatomy and Physiology, General and Morbid; Dr. Goodfellow and Dr. Emmott, daily, except Saturday, at half-past 9. One course, £3 3*s*; two courses, £5 5*s*; unlimited, £7 7*s*.

Anatomy, Descriptive and Surgical; Mr. Holthouse, daily, at half-past 2. One course, £3 3*s*; two courses, £5 5*s*; unlimited, £7 7*s*.

Chemistry; Dr. Scoffern, Tuesday, Thursday, and Saturday, at half-past 10. One course, £4 4*s*; two courses, £5 5*s*; unlimited, £6 6*s*.

Materia Medica; Dr. Willshire, Monday, Wednesday, and Friday, at half-past 3. Two courses, £4 4*s*; unlimited, £5 5*s*.

Medicine; Dr. Aldis and Dr. Klein Grant,

Monday, Wednesday, and Friday, at half-past 4. One course, £4 4s; two courses, £5 5s; unlimited, £6 6s.

Midwifery; Dr. Waller, Tuesday, Wednesday, and Friday, at a quarter to 6. One course, £3 3s; unlimited, £5 5s.

Surgery; Mr. P. B. Lucas, Monday, Wednesday, and Friday, 7, p.m. One course, £3 3s; unlimited, £5 5s.

Botany; Dr. Brown, Monday, Wednesday, Thursday, and Saturday, in the summer. One course, £3 3s; unlimited, £4 4s.

Practical Chemistry; Dr. Scoffern, in the summer. One course, £2 2s.

Forensic Medicine; Dr. Scoffern and Mr. Hodges, in the summer. One course, £3 3s; unlimited, £5 5s.

Midwifery, in the summer. One course, £3 3s; unlimited, £5 5s.

Aural Surgery, Mr. Pilcher, in the summer.

General fee for all the lectures required by the College of Physicians, the College of Surgeons, and Apothecaries' Hall (exclusive of Practical Chemistry), and for the University of London, £52 10s.

Subscription to the library, 7s annually.

The offices of honorary demonstrator, physiological prosector, anatomical prosector, and chemical assistant, will be given at the time of the general distribution of prizes to perpetual pupils of the school who have attained the highest proficiency in the several branches of study.

CHARLOTTE-STREET SCHOOL OF MEDICINE,

15, *Charlotte-street, Bloomsbury.*

Anatomy and Physiology; Mr. Dermott, daily, at 3. One session, £5 5s; perpetual, £7.

Anatomical Demonstrations and Dissections; Mr. Dermott, daily, at 10. Perpetual to the Anatomical and Surgical lectures, Demonstrations and Dissections collectively, for £10 10s.)

Chemistry; Dr. J. Scoffern, Tuesday, Thursday, and Saturday, at 11. One session, £4 4s; perpetual, £5.

Materia Medica; Dr. J. Ryan, Monday, Wednesday, and Friday, at 9. One session, £3 3s; perpetual, £4.

Medicine; Dr. Aldis, Monday, Wednesday, and Friday, at 6. One session, £3 3s; perpetual, £5.

Midwifery, &c.; Dr. Harrison, Tuesday, Thursday, and Saturday, at 4. One session, £3 3s; perpetual, £5.

Surgery; Mr. Dermott, Monday, Wednesday, and Friday, 7, p.m. One session, £3 3s; perpetual, £4.

Botany; Mr. Clarke, Tuesday, Wednesday, Thursday, and Saturday, at 9, in the summer. One course, £2 2s; perpetual, £3.

Medical Jurisprudence; Mr. Scoffern and Mr. H. P. Hinde, Monday, Wednesday, and Friday, at 6, in the summer. One course, £2 2s; perpetual, £3.

Private courses of Microscopic Anatomy, and of Practical Anatomy and Surgery, in the summer, by Mr. Dermott.

For all the lectures required by the Royal College of Surgeons, Apothecaries' Hall, Army and Navy Boards, &c. &c., £31 10; and Mr. Dermott offers "Hospital Practice, both Surgical and Medical, for one, two, or three years (which will also qualify for the London College of Physicians), together with the whole of the above lectures, for the sum of £55."

UNIVERSITY COLLEGE HOSPITAL, UPPER GOWER-STREET, BEDFORD-SQUARE.

Surgeons—Mr. Cooper, Mr. Liston, Mr. Quain.
Assistant-Surgeon—Mr. Morton.
Physicians—Dr. Williams, Dr. Thomson, Dr. Taylor.
Obstetric Physician—Dr. Murphy.

Admission to the Practice and Clinical Lectures.

Students who have already entered in the Medical Faculty of the College, to three courses of six months' duration (two courses of three months' duration being considered equivalent to one of six months), also pupils who have attended one course of lectures of a recognised school of medicine and one years' practice in a recognised hospital, pay,

For perpetual admission to the medical and surgical practice.	£26	5	0
One year to the physicians' and surgeons' practice	21	0	0
One year physicians' or surgeons' practice, separately	15	15	0
Six months to the physicians' and surgeons' practice	£15	15	0
Six months physicians' or surgeons' practice, separately ..	10	10	0

Pupils other than above specified, pay,

For perpetual admission to the medical and surgical practice.	£36	15	0	Six months physicians' and surgeons' practice	£22	0	0
One year physicians' and surgeons' practice	30	0	0	Six months physicians' or surgeons' practice, separately ..	15	0	0
One year physicians' or surgeons' practice, separately	22	0	0				

Fee to house-physician, 10*s*; office fee, 5*s*.

The physicians' and surgeons' visits are made daily, at 1 and 2 o'clock.
Each of the three physicians visits his patients three times a week.
Clinical lectures are given five times a week.
House-surgeons, physicians' clerks, and surgeons' dressers, are selected from students of the college, without additional payments.
Out-patients seen daily by the physicians and surgeons, aided by Mr. Morton, assistant-surgeon; Dr. Hogg, hospital-assistant; and Dr. Richard Quain, house-physician to the hospital.
Fellowes' clinical medals, one gold and one silver, are awarded at the end of each of the two college terms, winter and summer, to the pupils who shall have most distinguished themselves by reports and observations on the medical cases in the hospital.

UNIVERSITY COLLEGE MEDICAL SCHOOL.

Anatomy and Physiology; Dr. Sharpey, daily, at 10. Whole term, £6; perpetual, £9.

Anatomy, Descriptive and Surgical; Mr. Quain, daily, at 12. Whole term, £6; perpetual, £9.

Anatomy, Comparative; Dr. Grant, daily (except Saturday), at 11. Whole term, £4

Zoology, in February; Dr. Grant, daily (except Saturday), at 11. Whole term, £3; perpetual, together with Comparative Anatomy, £9.

Botany, in April and May; Dr. Lindley, Tuesday, Thursday, and Saturday, at 8, a.m. Whole course, junior class, £2; senior class, £3; perpetual, £6.

Chemistry; Dr. Graham, daily, at 11. Whole term, £6; perpetual, £9.

Geology, in February; Mr. Webster, Monday, Wednesday, and Friday. Whole term, £3.

Materia Medica; Dr. A. T. Thomson, daily (except Saturday), at 3. Whole term, £6; perpetual, £9.

Medicine, Practice of; Dr. C. J. B. Williams, daily (except Saturday), at 9. Whole term, £5; perpetual, £8.

Midwifery; Dr. Murphy, Monday, Tuesday, Wednesday, and Thursday, at 4. Winter term, £4 10*s*; perpetual, £6 10.

Natural Philosophy; Mr. Brooke, Tuesday, Thursday, and Saturday, at 9. Whole term £4.

Surgery; Mr. Cooper and Mr. Liston, Monday, Tuesday, Wednesday, and Thursday, at 7 and 5. Whole term, £4 10*s*; perpetual, £6.

Anatomy, Comparative, and Zoology (elementary course); Dr. Grant, in the summer.

Anatomy, Pathological; Dr. Walshe, in the summer.

Botany (senior class); Dr. Lindley, in the summer.

Chemistry, Practical; Dr. Graham, in the summer.

Midwifery; Dr. Murphy, in the summer.

Particulars of these lectures to be announced before the close of the winter term.

In the dissecting-rooms the pupils will be directed in their studies during several hours daily, by Mr. Ellis and Mr. Morton, under the superintendence of Mr. Quain and Dr. Sharpey.

Attendance on Dr. Grant's courses of Comparative Anatomy and Zoology at this college is recognised by the Army Medical Board as equivalent to the course of Natural History required as a qualification for Army Surgeons.

The payments stated above for each class are made by students nominated by proprietors; 5*s* additional for every pound, until this extra payment amounts to £4 10*s*, are paid by those not nominated.

A college fee of 10*s* for one class, and £1 for two or more classes, is paid by each student every session; where, however, the course is of short duration, this fee is diminished. The matriculation fee of £2 relieves the student, during the whole course of his study, from the college fee.

KING'S COLLEGE HOSPITAL, PORTUGAL-STREET, LINCOLN'S-INN.

This hospital is situate in the neighbourhood of the college, and accommodates 120 patients.

Consulting-Surgeon—Mr. Arnott.
Consulting-Physician—Dr. Watson.
Surgeons—Mr. Fergusson and Mr. Partridge.
Assistant-Surgeons—Mr. Simon and Mr. Bowman.
Physicians—Dr. Budd and Dr. Todd.
Physician for Diseases of Women and Children—Dr. Ferguson.
Assistant-Physician—Dr. Guy.
Physician-Accoucheur, and Assistant-Physician for Diseases of Women and Children—Dr. Arthur Farre.

Fees for Hospital Practice.

Perpetual admission to the medical and surgical practice:—			
For matriculated students	£31	10	0
For pupils who are not matriculated pupils	36	15	0
Medical practice:—			
Three months	6	6	0
Six months	10	10	0
Twelve or eighteen months	£15	15	0
Perpetual	21	0	0
Surgical practice:—			
Three months	10	10	0
Six months	15	15	0
Twelve or twenty-one months	21	0	0
Perpetual	26	5	0

Registration Fee (to the Secretary at the Hospital), 10*s* 6*d*.

The physicians and surgeons attend daily at half-past one o'clock, p.m. Dr. Arthur Farre attends on Tuesdays, Wednesdays, Thursdays, and Saturdays, at half-past 11.
Clinical Lectures on alternate Tuesdays, Wednesdays, Thursdays, and Fridays.
The physician's assistant and clinical clerks, the house-surgeon, and dressers, are selected by examination from among those matriculated students of the college who are pupils of the hospital.

KING'S COLLEGE MEDICAL SCHOOL, SOMERSET HOUSE, STRAND.

Anatomy, Descriptive and Surgical; Mr. Partridge, daily, at 9. Whole session, £8 8*s*; unlimited, £9 9*s*.

Physiology, General and Morbid Anatomy; Dr. Todd, Monday, Wednesday, Thursday, and Friday, at half-past 12. Whole session, £8 8*s*; unlimited, £9 9*s*.

Comparative Anatomy; Mr. Rymer Jones, Tuesday and Saturday, at half-past 11. Whole session, £3 3*s*; unlimited, £4 4*s*.

Chemistry; Mr. Daniell, daily (except Saturday), at 3. Whole session, £7 7*s*; unlimited, £7 7*s*.

Materia Medica; Dr. J. F. Royle, Monday, Tuesday, Thursday, and Friday, at a quarter-past 10. Whole session, £5 5*s*; unlimited, £7 7*s*.

Practice of Medicine: Dr. Budd; Monday, Tuesday, Thursday, and Friday, at 7, p.m. Whole session, £5 5*s*; unlimited, £7 7*s*.

Midwifery, &c.; Dr. Ferguson and Dr. A. Farre, Monday, Wednesday, and Friday, at 4. Whole session, £4 4*s*; unlimited, £6 6*s*.

Surgery; Mr. Fergusson, Tuesday, Thursday, and Saturday, at 4. Whole session, £4 4*s*; unlimited, £6 6*s*.

Botany; Mr. Forbes, Tuesday, Wednesday, Thursday, and Saturday, at 9, in the summer. Whole session, £3 3*s*; unlimited, £4 4*s*.

Chemical Manipulation; Dr. Miller, Monday, Wednesday, and Friday, from 11 to 1, in the summer. Whole session, £5 5*s*.

Forensic Medicine; Dr. Guy, daily (except Saturday), at 10, in the summer. Whole session, £3 3*s*; unlimited, £4 4*s*.

The courses which students are required to attend by the College of Surgeons and the Apothecaries' Regulations, may be attended at King's College for £57 15*s*; or by students nominated by proprietors, for £53 10*s*. The matriculation fee is £1 1*s*; the library fee, £1 1*s*.
Three scholarships, of £40 a-year each, for matriculated students; the Leathes prizes of books, and the Warneford prizes of models and books for matriculated students, showing the greatest proficiency in religious knowledge, have been established in King's College.
Students are of two kinds, *Matriculated*, and *Occasional*. *Matriculated* Students wear the college cap and gown, and are required to attend the college chapel on week-days as well as Sundays.
Rooms have been provided in the college for a limited number of students.

MIDDLESEX HOSPITAL, CHARLES-STREET, TOTTENHAM COURT-ROAD.

Surgeons—Mr. Arnott, Mr. Tuson, and Mr. Shaw.
Assistant-Surgeon—Mr. Campbell De Morgan.
Physicians—Dr. Hawkins, Dr. Watson, and Dr. Wilson.
Assistant-Physician—Dr. Crawford.
Physician-Accoucheur—Dr. Ashburner.

Surgical Practice.				*Medical Practice.*			
Three months	£10	10	0	Three months	£6	6	0
Six months	15	15	0	Six months	10	10	0
Twelve months	21	0	0	Eighteen months	15	15	0
Dresser, six months	21	0	0	Perpetual	22	1	0
Ditto, twelve months	31	10	0				

Perpetual pupils of Middlesex Hospital School are admitted to attend the medical practice of the hospital during eighteen months for £12 12*s*.

Times of Visits of the Medical Officers.

Mr. Shaw, Wednesdays and Saturdays.
Mr. Arnott, Mondays and Thursdays.
Mr. Tuson, Tuesdays and Fridays.
Dr. Hawkins, Tuesdays, Thursdays, and Saturdays.
Drs. Watson and Wilson, Mondays, Wednesdays, and Fridays.

Each physician and surgeon at half-past 12.
Dr. Ashburner attends on Wednesdays and Saturdays, at 11.
Out-patients seen at 12 on Thursdays, by the physicians. Operations on Fridays. Clinical lectures generally on Thursdays and Saturdays. The house-surgeons are elected from the dressers according to seniority. Post-mortem examinations at half-past 1.

MIDDLESEX HOSPITAL SCHOOL.

Anatomy and Physiology; Mr. Tuson and Mr. Erasmus Wilson, daily, at 2. Half session, £3 3*s*; whole session, £5 5*s*; perpetual, £9 9*s*.

Anatomy, Demonstrative and Practical; Mr. Tuson, Mr. Erasmus Wilson, and Mr. Rowdon, daily, at 11. Half session, £3 3*s*; whole session, £5 5*s*; perpetual, £9 9*s*.

Chemistry; Mr. Everitt, Monday, Wednesday, and Friday, at 10. Whole session, £5 5*s*; perpetual, £6 6*s*.—(Examinations in Chemistry at 3 o'clock on Wednesdays.)

Materia Medica, &c.; Dr. M. Crawford, Monday, Wednesday, Thursday, and Friday, at 9. Half session, £3 3*s*; whole session, £5 5*s*; perpetual, £5 5*s*.

Medicine, Practice of; Dr. F. Hawkins, Monday, Wednesday, Thursday, and Friday, at 3. Half session, £3 3*s*; whole session, £4 4*s*; perpetual, £6 6*s*.

Midwifery; Mr. North, Tuesday, Thursday, and Saturday, at 10. Whole session, £3 3*s*; perpetual, £5 5*s*.

Surgery; Mr. Arnott, Monday, Tuesday, Wednesday, and Friday, at 7, p.m. Whole session, £3 3*s*; perpetual, £5 5*s*.

Botany; Mr. Rogers, daily, at 11, in the summer. One course, £2 2*s*; perpetual, £3 3*s*.

Medical Jurisprudence; Mr. De Morgan, daily, at ten, in the summer. One session, £3 3*s*; perpetual, £4 4*s*.

Perpetual admission to both the anatomical classes, £16 16*s*; to all the lectures, £45.
At the close of the winter session two prizes, of £15 and £10 respectively, the gifts of W. Tooke, Esq., will be awarded for general proficiency; and a theological prize to such students as may be desirous of competing for it.

CHARING-CROSS HOSPITAL, NEAR CHARING-CROSS.

Surgeons—Mr. Hancock and Mr. Avery.
Physicians—Dr. Shearman, Dr. Golding, and Dr. Chowne.

Surgical Practice.				*Medical Practice.*			
Six months	£10	10	0	Six months	£10	10	0
Full period required	15	15	0	Full period required	15	15	0

For the full period to both medical and surgical practice, £26 5*s*.

The physicians and surgeons visit the wards daily (Sundays excepted) between 12 and 2.
The cases in the out-patients' department are seen and prescribed for at the hospital daily (Sundays excepted) between 12 and 1.
Medical and surgical clinical lectures given weekly.
An election to an exhibition of £15 per annum, for two years, will take place at the end of the winter session.

CHARING-CROSS HOSPITAL SCHOOL.

Anatomy, General, and Physiology; Mr. T. Wharton Jones, daily, except Saturday, at 3. One session, £5 5; two sessions, £7 7*s*; unlimited, £8 8*s*.

Anatomy, Descriptive and Surgical; Mr. Hird, daily, except Saturday, at 10. One session, £5 5*s*; two sessions, £7 7*s*; unlimited, £8 8*s*.

Anatomical Demonstrations and Dissections; Mr. Hird and Mr. Canton, daily.

Anatomy, Pathological; at 5. One session, £2 2*s*; two sessions, £3 3*s*; unlimited, £4 4*s*.

Chemistry; Mr. Fownes, Tuesday, Thursday, and Friday, at 9. One session, £5 5*s*; two sessions, £6 6*s*; unlimited, £7 7*s*.

Materia Medica; Dr. Steggall and Dr. Willshire, Monday, Wednesday, and Friday, at nine. One session, £4 4*s*; two sessions, £5 5*s*; unlimited, £6 6*s*.

Medicine, Practice of; Dr. Shearman and Dr. Rowland, Tuesday, Wednesday, Thursday, and Friday, at 4. One session, £4 4*s*; two sessions, £6 6*s*; unlimited, £7 7*s*.

Midwifery, &c.; Dr. Chowne, Monday, Thursday, and Friday, at 2. One session, £3 3*s*; two sessions, £5 5*s*; unlimited, £6 6*s*.

Natural Philosophy; Mr. Watts, Monday, Wednesday, and Friday, at 7. One session, £3 3*s*; unlimited, £4 4*s*.

Surgery; Mr. Hancock, Monday, Wednesday, and Friday, at 5. One session, £3 3*s*; two sessions, £5 5*s*; unlimited, £6 6*s*.

Botany; Dr. Willshire, Monday, Wednesday, Thursday, and Saturday, at 9, in the summer. One session, £2 2*s*; two sessions, £3 3*s*; unlimited, £4 4*s*.

Midwifery; Dr. Chowne, Monday, Tuesday, Thursday, and Friday, at 2. One session, £3 3*s*; two sessions, £5 5*s*; unlimited, £6 6*s*.

Medical Jurisprudence; Dr. Chowne, Monday, Tuesday, Thursday, and Friday, at 3. One session, £2 2*s*; two sessions, £3 3*s*; unlimited, £4 4*s*.

General fee for all the lectures required at the Hall and College, £42.

WESTMINSTER HOSPITAL BROAD SANCTUARY, NEAR WESTMINSTER ABBEY.

Surgeons—Mr. White, Mr. Lynn, and Mr. Hale Thomson.
Assistant-Surgeon—Mr. Charles Guthrie.
Consulting-Physician—Dr. Bright.
Physicians—Dr. Hamilton Roe, Dr. Kingston, and Dr. Basham.

MATERNITY CHARITY.

Consulting-Surgeon—Mr. White.
Consulting-Physician—Dr. Bright.
Physicians—Dr. Andrews and Dr. Frederic Bird.

Surgical Practice.				*Medical Practice.*			
Six months	£12	12	0	Six months	£10	10	0
Twelve	21	0	0	Twelve	12	12	0
Perpetual	31	0	0	Eighteen	15	15	0
				Perpetual	21	0	0

Conjoint fee for the Medical and Surgical Practice, 26 guineas, for the period of hospital attendance required by the College and Hall.
The physicians and surgeons attend at the hospital from 1 to half-past 2 o'clock. Operations on Saturdays, at 1.
Clinical Lectures on some of the more important points in Surgery will be given by Mr. G. J. Guthrie; and almost daily throughout the session by one of the medical officers.
The appointments of resident house-surgeon, resident clinical assistant, and assistant house-surgeon, and clinical clerkships, will be awarded free of expense to perpetual pupils of the hospital and school showing proficiency at the end of the session.

WESTMINSTER HOSPITAL SCHOOL.

Anatomy and Physiology; Dr. Hunter, daily (except Saturday), at half-past 3. One session, £5 5s; perpetual, £7 7s.

Anatomy, Descriptive and Surgical, and Demonstrations; Dr. Hunter and Mr. J. W. C. Pennell, daily, at a quarter-past 10. One session, £5 5s; perpetual, £7 7s.

Chemistry; Mr. Lewis, Monday, Wednesday, and Friday, at 6, and Saturday, at 9. One session, £5 5s; perpetual, £6 6s.

Materia Medica; Dr. Basham, Monday, Tuesday, Thursday, and Friday, at 12. One session, £4 4s; perpetual, £5 5s.

Medicine; Dr. Hamilton Roe and Dr. Kingston, Monday, Tuesday, and Thursday, at half-past 2. One session, £5 5s; perpetual, £6 6s.

Midwifery, &c.; Dr. Andrews, Tuesday, Thursday, and Saturday, at a quarter-past 9. One session, £3 3s; perpetual, £5 5s.

Elements of Physics; Mr. Brooke, Wednesday, at 7, p.m. One session, £1 1s.

Surgery; Mr. Phillips, daily (except Saturday), at half-past 4. One session, £4 4s; perpetual, £5 5s.

Botany; Dr. Basham and Dr. F. Bird, Monday, Tuesday, Thursday, and Friday, in the summer. One session, £2 2s; perpetual, £3 3s.

Comparative Anatomy; Dr. Hunter, in the summer.

Forensic Medicine; Dr. F. Bird and Mr. F. Hodges, daily (except Saturday), in the summer. One session, £2 2s; pertual, £3 3s.

Practical Midwifery; Dr. Andrews, in the summer.

General fee to all the lectures required at the college and hall, £42.

Prizes, in addition to those awarded in the respective classes, will be given by Mr. White and Mr. Guthrie, and the prosectorship for the next session awarded in March.

ST. GEORGE'S HOSPITAL, HYDE-PARK CORNER.

Surgeons—Mr. Keate, Mr. Cæsar Hawkins, Mr. Babington, and Mr. Cutler.
Assistant-Surgeons—Mr. Tatum and Mr. H. J. Johnson.
Physicians—Dr. Seymour, Dr. Wilson, Dr. Macleod, and Dr. Nairne.
Assistant-Physician—Dr. Page.

Surgical Practice.				*Medical Practice.*			
Six months	£15	15	0	Eighteen months	£16	16	0
Twelve months (or the period required by the college)	21	0	0	Unlimited	25	4	0
Unlimited	52	10	0	Fee to the apothecary	1	1	0

Times of Attendance of the Medical Officers.

Mr. Keate and Mr. Cutler on Mondays, Wednesdays, and Fridays.

Mr. Hawkins and Mr. Babington on Tuesdays, Thursdays, and Saturdays.

Mr. Tatum and Mr. Johnson, daily.

Dr. Wilson and Dr. Nairne, Mondays, Wednesday, and Fridays.

Dr. Seymour and Dr. Macleod, Tuesdays, Thursdays, and Saturdays.

Dr. Page, daily.

The physicians and surgeons attend daily at 1 o'clock.

Operations on Thursdays, at 1 o'clock.

Clinical lectures delivered by the physicians, of which due notice will be given; and a course of lectures, illustrative of some important parts of surgery, will be delivered gratuitously to the pupils by Sir B. Brodie, Bart.

The pupils attending the medical and surgical practice may become, when qualified, clinical clerks to the several physicians and surgeons.

Pupils entering to the surgical practice for twelve months are allowed, in their turn, to dress the patients for three months, and perpetual pupils for six months, without additional fee.

Perpetual pupils are eligible to be assistant-house-surgeon for six months, and house surgeon for twelve months (without additional fee), when properly qualified for the office.

ST. GEORGE'S HOSPITAL SCHOOL.

Theatre of St. George's Hospital, and Theatre of Anatomy, Kinnerton-street, Wilton-place, near St. George's Hospital.

Anatomy, Physiology, and Surgical Anatomy; Mr. Tatum and Mr. H. J. Johnson, daily, at half-past 2. One course, £6 6s; perpetual, £8 8s.

Anatomical Demonstrations and Dissections; Mr. H. J. Johnson and Mr. H. C. Johnson, daily, at 12. One course, £6 6s; perpetual, £8 8s.

Chemistry; Mr. Brande and Mr. Solly, Tuesday, Thursday, and Saturday, at 9. One course, £6 6*s*; perpetual, £8 8*s*.

Materia Medica; Dr. Nairne, Tuesday, Thursday, and Saturday, at a quarter-past 10. One course, £5 5*s*; perpetual, £6 6*s*.

Medicine; Dr. Macleod, Monday, Wednesday, and Friday, at 11. One session, £5 5*s*; perpetual, £6 6*s*.

Midwifery; Dr. R. Lee, Monday, Wednesday, and Friday, at 9. One session, £3 3*s*; perpetual, £5 5*s*.

Surgery; Mr. Cæsar Hawkins and Mr. G. Babington, Monday, Wednesday, Thursday, and Friday, at 8, p.m. One session, £4 4*s*; perpetual, £6 6*s*.

Botany; Dr. Dickson, daily (except Tuesday, at half-past 2, in the summer. One session, £3 3*s*; perpetual, £4 4*s*.

Medical Jurisprudence; Dr. Page, daily, at half-past 11, in the summer. One session, £3 3*s*; perpetual, £4 4*s*.

The anatomical lectures and demonstrations are given at the Anatomical Theatre in Kinnerton-street; the lectures on chemistry at the Royal Institution, Albemarle-street. Mr. H. Jones and Mr. Spitta superintend in the dissecting-room from 10 till 4, daily.

SCHOOL OF ANATOMY AND MEDICINE,

Grosvenor-place, Hyde Park Corner, adjoining St. George's Hospital.

Anatomy, Physiology, and Surgical Anatomy; Mr. Lane and Dr. W. V. Pettigrew, daily, at half-past 2. Complete course, £6 6*s*; unlimited, £8 8*s*.

Anatomy, Descriptive and Practical; Dr. Pettigrew, daily, at half-past 10. Complete course, £6 6*s*; unlimited, £8 8*s*.

Anatomy, Extra Demonstrations; Dr. Pettigrew and Mr. Cane, Tuesday and Friday, at half-past 12.

Chemistry; Mr. Rodgers, Monday, Wednesday, and Friday, at 9. Complete course, £5 5*s*; unlimited, £6 6*s*.

Materia Medica; Dr. Lankester, Tuesday, Thursday, and Saturday, at half-past 11. Complete course £5 5*s*; unlimited, £6 6*s*.

Medicine; Dr. Goolden, Monday, Wednesday, and Friday, at half-past 11. Complete course, £5 5*s*; unlimited, £6 6*s*.

Midwifery, &c.; Mr. Bloxam, Monday, Wednesday, and Friday, at 7, p.m. Complete course, £3 3*s*; unlimited, £5 5*s*.

Pathology, General; Mr. G. Robinson, Saturday, at a quarter to 4. Complete course, £1 1*s*; unlimited, £2 2*s*.

Surgery; Mr. Lane and Mr. Pilcher, Tuesday, Thursday, and Saturday, at 9. Complete course, £3 3*s*; unlimited, £5 5*s*.

Surgery, Dental; Mr. J. D. George, Tuesday, 7, p.m. Complete course, £1 1*s*; unlimited, £2 2*s*.

Botany; Dr. Cooke, daily, at half-past 2, in the summer. Complete course, £2 2*s*; unlimited, £3 3*s*.

Practical Chemistry; Mr. Rodgers, in the summer.

Medical Jurisprudence; Mr. Ancell and Mr. Warder, daily, at 9, in the summer. Complete course, £2 2*s*; unlimited, £3 3*s*.

Aural Surgery; Mr. Pilcher, Monday, Wednesday, and Friday, at a quarter to 4, in the summer. Complete course, £1 1*s*; unlimited, £2 2*s*.

General fee to the whole of the courses, forty guineas.

Pupils of the anatomical or surgical classes are entitled to attend gratuitously the lectures upon Dental Surgery, Aural Surgery, General Pathology, and the extra Demonstrations; and pupils of the chemical class to attend gratuitously the lectures on Practical Chemistry.

MARYLEBONE INFIRMARY, NEW-ROAD, ST. MARYLEBONE

(Near Marylebone New Church)

The medical practice at this infirmary is fully recognised by the Colleges of Physicians and Surgeons, the three medical boards, the Universities of London and Edinburgh, and the Apothecaries' Court of Examiners.

Physicians—Dr. Clendinning, Dr. Edwin Harrison, and Dr. Mayo.

Physician-Accoucheur—Dr. Robert Lee.

Surgeons—Mr. Stafford and Mr. B. Phillips.

Principal Resident Medical Officer—Dr. R. Boyd.

Assistant House-Surgeons—Mr. Allen, Mr. Whitwell, and Mr. Culpepper.

Dispensers—Mr. Gull and Mr. Clark.

Physicians' Practice.

Six months	£5	0	0
Twelve months	8	0	0
Eighteen months	10	0	0
Unlimited	15	0	0

Clinical lectures weekly by Dr. Clendinning and Dr. Mayo.

The number of beds is 330; of in-patients from 2500 to 3000 yearly; and of out-patients about 220 daily. Autopsies from 300 to 350 annually.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William-street, Strand.

Surgeon—Mr. Guthrie.

Assistant-Surgeon—Mr. Charles G. Guthrie

House-Surgeon—Mr. Fogo.

Pupils attend the practice and lectures for

One session	£5	5	0
Unlimited	10	10	0
To the lectures alone	3	3	0

Nearly 4000 patients were admitted to treatment in 1842, of whom 134 were received into the hospital.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, near the Royal Hospital, Chelsea.

Consulting-Physicians—Dr. J. Forbes and Dr. Williams.

Physicians—Dr. Hamilton Roe and Dr. Walshe.

Visiting-Physician—Dr. Theophilus Thompson.

Pupils admitted to the practice of the hospital on and after the 1st of October.

The hospital contains at present twenty beds, and has a number of out-patients.

PHARMACEUTICAL SOCIETY.

Winter Courses of Lectures will be delivered at the establishment of the Pharmaceutical Society, 17, Bloomsbury-square, on Chemistry, by Mr. Fownes, commencing on Wednesday morning, October 4, at half-past eight o'clock, and continued each succeeding Wednesday and Friday at the same hour, until the end of March—Terms, £1 1*s*, to members and associates of the Pharmaceutical Society, and £2 2*s* to those not connected with the society. Lectures on Materia Medica, by Dr. Pereira, on Tuesdays and Saturdays, from October to March inclusive, at half-past eight, p.m. Terms the same as for the Chemical Lectures. Lectures on Practical Pharmacy by Mr. Theophilus Redwood, on Thursday mornings, at half-past eight, from October to March inclusive—Terms, 10*s* 6*d* for the course, to members and associates; and £1 1*s* to those not connected with the society.

THE ROYAL INSTITUTION, ALBEMARLE-STREET.—Lectures on Chemistry are delivered here by Mr. Brande, F.R.S., and Mr. Mr. Solly, F.R.S., every Tuesday, Thursday, and Saturday, from October to May, at nine o'clock in the morning. Fee for one session is £6 6*s*; or, unlimited, £8 8*s*. To subscribers to the Royal Institution £4 4*s* the session; or, unlimited, £6 6*s*.

ORTHOPŒDIC INSTITUTION, 6, BLOOMSBURY-SQUARE.—The practice of this institution is open to pupils for the study of the treatment of Club-foot, and other Contractions and Distortions of the Human Frame.

ROYAL DISPENSARY FOR DISEASES OF THE EAR, Dean-street, Soho.—Mr. Curtis will commence his Autumnal Course of Lectures on the Anatomy, Physiology, and Pathology of the Ear, on Monday, October 2, at 7, p.m.

ROYAL POLYTECHNIC INSTITUTION, 309, REGENT-STREET.—A Course of Chemical Lectures, of two divisions, by Dr. John Ryan, every Tuesday, Thursday, and Saturday, at 7, p.m. The course will consist of two divisions; the first terminating at the end of Jan., and the second early in May, 1844.

Single course	£3	3	0
Double course	5	5	0

Laboratory practice for any period, not less than three months, at the rate of £52 10*s* per annum.

Practical and analytical courses in which the pupils will engage in a series of experiments; and as soon as the course has sufficiently advanced, examinations will be given once a-week, by Dr. Ryan, whose certificates are recognised by the College and Hall. An elementary course of eight lectures, on Electricity and Galvanism, will be delivered by Mr. G. H. Bachhoffner, commencing on Tuesday, the 4th of October, and continued every Tuesday and Thursday at seven o'clock. Fee to the course, for a single pupil, £1 1*s*.

ST. THOMAS'S HOSPITAL—The medical school here, which was thoroughly changed last year, has this year undergone some further alterations. Dr. Marshall Hall replaces Dr. Hodgkin, and has now a more prominent position in the department of medicine, and Dr. Gregory (whose lectures last year on a portion of the exanthemata gave much satisfaction) has now the whole of that branch of tuition confided to his care. Mr. Grainger continues to fill the chair of anatomy and physiology, in which branches of medicine he has for so many years held a high reputation in this metropolis. The chair of comparative anatomy and natural history, vacated by Dr. Meryon, will be occupied by Dr. Carpenter, late of Bristol. Dr. Bennett, already favourably known to the profession as a lecturer and writer, takes the chief part of the course on materia medica, together with a portion of that on forensic medicine. An experienced resident practitioner, Mr. Kent, has been appointed to accompany the pupils who are commencing obstetric practice, upon every occasion; not, however, to the exclusion of the services of Dr. Cape, in difficult cases. The principle of the concours, adopted last year, is to be still further carried out, by the presentation of dresserships and other prizes to the most deserving pupils. The governors of this hospital seem to have determined upon supporting an active and busy medical school in connection with the hospital, and consider that they have in it now a staff of thoroughly diligent and experienced teachers. The governors have had the "collegiate system," such as has been adopted at St. Bartholomew's Hospital, under their attention on several occasions, but have not taken any steps to connect it with the school.

INSTITUTION FOR DISEASES OF THE EAR, 32, Sackville-street.—Mr. YEARSLEY commences his Lectures and Demonstrations on the Anatomy and Pathology of the Ear and Throat, on Wednesday, Oct. 4, at 2 o'clock, continuing them every Wednesday at the same hour. The Practice at the Institution, at which patients attend three times weekly, is open to pupils attending these lectures.

PRIVATE TEACHERS.

DR. JOHN H. DAVIS, will deliver a winter session of Lectures on Obstetric Medicine (recognised by the examining boards), at his residence, 17, Russell-place, Fitzroy-square. Besides a museum, drawings, &c., Dr. Davis has a well-adapted apparatus for the practice of the various operations of midwifery, manual and instrumental. Pupils will be provided with cases. Fees—For the session, £3 3s; perpetual, £5 5s.

MR. LEACH, residing at No. 8, Orange-street, Red Lion-square, is known to the profession as a respectable and successful teacher of what are termed "Medical Classics." He has had extensive experience in tuition, and has published a "Grammatical Introduction to the Pharmacopœia," which has nearly passed into its third edition, and other works of tuition; and he is able to act the part of a good practical instructor.

MR. HIND—Lectures on Anatomy and Surgery, and prepares gentlemen for their Examinations at the College of Surgeons, at 66, Gower-street, Bedford-square.

DR. POWER gives Private Medical Tuition, 7, Maze-pond, near Guy's Hospital.

DR. BARNES—Lectures on Materia Medica, Pharmacy, and Therapeutics, with Private Medical Tuition for the Medical Examinations, at 32, Tavistock-place, Tavistock-square.

MR. E. E. BARRON gives private instruction for the medical examinations at No. 16, St. Thomas's-street East, Borough.

MR. T. SLIPPER imparts classical instruction to medical students at No. 16, St. Thomas's-street East, Borough.

UNIVERSITY OF GLASGOW.

REGULATIONS regarding degrees in medicine and surgery, to candidates entering the university in, or subsequent to, 1839-40.

Medicine.

Every candidate for a medical degree must lodge, with the clerk of senate,

I. A certificate of moral character, by two respectable persons, with evidence of having attained the age of twenty-one.

II. Evidence of having attended, for our years, an university in which medicine is regularly taught, or medical lectures delivered in London or Dublin; and, at least, one year of the four must be spent at the University of Glasgow. In each year he must have attended, at least, two courses of lectures of six months duration, but if he shall spend one year only at the University of Glasgow, then he must attend three courses of lectures delivered there, two of them, at least, being of six months duration.

III. Certificates of having attended one or more courses of lectures on the following subjects; each course, except forensic medicine and botany, being of six months duration; if of less extent, then two courses shall be deemed equivalent to one of six months:—Anatomy and physiology; chemistry; the theory or institutes of medicine; practice of medicine; materia medica and pharmacy; midwifery; surgery; forensic medicine; botany;* anatomical dissections; and two years practice of a general hospital, containing eighty beds, and in which the student must spend at least one-half of his period attending in the physicians' wards.

Neither hospital attendance, nor anatomical dissections, shall be considered as equivalent to a course of lectures.

IV. Each candidate must lodge with the clerk of senate, with the above certificates, a schedule of his course of study properly filled up; together with an English essay on some medical subject chosen by himself, two months before the time of graduation; that is, on or before the 1st of March, or the 10th of June, yearly, otherwise he cannot be admitted for examination till the following term. All tickets of attendance lodged by candidates must be certified, not excepting those of the current session; but the certified botanical tickets of the current session shall not be received until the 1st of April.

V. No student entered in any medical class later than the 1st of December, without special permission of the senate. And it is strictly required of every candidate for graduation that he produce evidence of his name having been enrolled in the library book, on or before that day, as well as an express certificate of his regular attendance, by each professor on whose lectures he attends. In order, farther, to insure attendance, all students must inscribe their names, once a fortnight, in a register kept for the purpose, stating the lectures, &c., which they attend.

VI. Every candidate shall prove that he has a competent knowledge of Latin, and shall undergo full examinations on all the subjects included in the curriculum.

* No course of botany attended previously to 1839-40 is received, unless it shall have been delivered in an university.

Surgery.

I. The regulations respecting certificates of age and moral character, are the same as those under the head of degrees in medicine.

II. Candidates for the degree of master of surgery shall produce evidence that they have attended medical lectures in one or other of the universities or schools already specified, for four years, during which they must have attended one or more courses on the following subjects; the extent of each course, with the exception of forensic medicine, being six months, or the equivalent two courses of a shorter duration. The candidate must have attended not less than three courses of medical lectures in the University of Glasgow. In each year of his study he shall have attended, at least, two or more courses of lectures, of six months' duration, on anatomy; surgery; chemistry; theory or institutes of medicine; practice of medicine; midwifery; materia medica and pharmacy; forensic medicine; anatomical dissections; and two years practice of a general hospital, in which the student must attend one-half of the prescribed period in the surgical wards, and the other half in the medical.

III. The regulations as to lodging certificates of attendance, with an essay, in English, and as to the candidate's knowledge of Latin, are the same as under the head of medical degrees, only the essay is to be on a surgical subject.

The days of graduation are the last Wednesday of April, and the first Wednesday of August.

Fee to library, &c., for the degree of M.D.....	£15	0	0
Duty on stamp for ditto	10	3	0
	£25	3	0
Fee for the degree of Chirurgiæ Magister.....	10	10	0

N.B. Candidates for degrees, who attended classes in the University of Glasgow previously to 1839-40, admitted to examination, according to the regulations which existed at the time when they began to study medicine.

The University of Glasgow is, next to that of Aberdeen, the most ancient of the Scottish universities, and has been distinguished by ranking among its professors Drs. Reid, Black, Cullen, Adam Smith, &c., whose names are as familiar as household words. Among the private teachers also are several men of high reputation, including the veteran Thomson, Burns, Mackenzie, &c. The medical session opens on the 1st of November. The opportunities for dissection and for the practical study of the medical profession in the university, are certainly among the highest attainable, from the variety and extent of the hospitals in Glasgow, and the numerous sources available for the supply of subjects.

THE STUDY OF MEDICINE.

ANOTHER OCTOBER HAS RETURNED,—that month which, of all the twelve, is specially important to approaching members of the profession, and to all those persons who have an interest in their welfare. Indeed, a large number of individuals who have long since passed the routine of "winter sessions" and the whole career of lecturing, dissecting, and hospital-walking, yet continue to feel new life and energy on every fresh October, watching the changes of the schools with recollections such as none can realise who are not allied to one or other of the learned or liberal professions. We heartily wish that the feelings thus excited or renewed had their origin in a system of education which it was more pleasurable to recall to memory; but the ticket-and-certificate system of the schools has, in itself, nothing to do with what is either "learned" or "liberal." Men of science, who practise medicine, become honourable for learning and liberality in spite of the curricula of the Colleges, Halls, and Universities; and, in reality, every time that October arrives, they reflect on the regulations and practice of those institutions, rather to laugh and wonder, than with the sentiment that makes one say in the youth of life, "hæc olim meminisse juvabit." But until a better system is established we must take things as they are, and, when October comes, do the best that October will allow, for those to whom it is a period of such stirring interest. It is a comfort to know that industry and perseverance will successfully combat almost any obstacle that opposes them, and that although the ordinances of the medical institutions are vicious enemies of a free and noble education, yet that in their very teeth a student may *make himself* a true man of science.

The proximate object of medical study is to acquire a control over the disordered functions of the body; but so extensive is the field of inquiry through which the student must range, so constantly varying are the lessons which he must learn in acquiring a knowledge of his profession, that we may truly

term the study of medicine to be the study of man,—a study involving the discovery as well as the propagation of truth. In pursuit of these constant labour and energy are absolutely indispensable as a preparation for practice, success in which can never be attained by the fitful efforts of those who misemploy their time in demoralising pleasures, leaving but a few weeks at the close of a session to grind-in the knowledge, which it requires years of study fully to understand and permanently to retain.

The neophyte in medicine is generally directed in his choice of a school by the practitioner from whom he has learnt the rudiments of his art. Sometimes the advice is good. Every day provincial practitioners are becoming better acquainted with the qualities of the respective London schools; but sometimes the recommendations given to the beginner by the Machaons of the old school, lead him to establishments which want important advantages for study, such as ability in the teachers to instruct youth, punctuality in the lecturers and medical officers, a careful supervision of the clinical instruction. The new student, therefore, should not hurry his decision, but be guided by such indications as may show during the open days at the commencement of the session that the promises in the prospectuses will be fulfilled, and his reasonable expectations satisfied in the dissecting-rooms, the theatres of tuition, the hospital wards, and the museum, which should comprise exhibitions of healthy as well as diseased structure—not artificial—and properly preserved. He should also consider where he can obtain the desired knowledge with the least sacrifice of time, and the least bodily fatigue. It is ill-judged to separate the school from the hospital, or to live at a great distance from either. A healthy and open locality is desirable, for the greater the chance there of getting airy and pleasant lodgings.

Students in most cases are not in a condition to expend much money upon books, and one good volume is generally worth a whole course of prosily delivered lectures, which do not admit of illustration in the theatre; because the student can turn back, and study, and compare passages in a book, which in a lecture-room is not possible. But the perusal of more than *a few* sound books may distract, not instruct him. Let him recollect, also, that books are to *assist, not supply the place of*, other instruction and personal observation. They should be read *in connection* with lectures and practice, and without vexing the mind by independent and irrelevant study.

The school having been chosen with regard to the chances of obtaining good and practical, independently of mere hum-drum theoretical, instruction, the *dissecting-room* should especially be examined, with the view of ascertaining its comforts and facilities, and the competency and good spirit of the demonstrators. It was there that such men as Albinus, Scarpa, Spallanzani, Haller, the Hunters, Baillie, Bell, the Meckels, and Magendie, found the nurseries of their genius and industry. To learn the use of the scalpel, and to familiarise the hand with the knife on the dead subject, are indispensable pre-requisites for surgical practice in serious operations. In the early part of the first session, moderate but regular diligence will make the pupil an expert and clean dissector, and introduce him to a general knowledge of the relative positions of the muscles, arteries, and veins, the brain and nerves, and the viscera. If not constantly at work himself, he should attend, when he can, to the operations on other tables, because all around him are books of nature, and he lives in an atmosphere of facts. The practical ends of dissection ought ever to be kept in view, nor should time be trifled away in lady-like dissections of minute parts at a time when attention should be devoted to the attainment of general practical knowledge of structure—a knowledge absolutely requisite for rightly understanding the descriptions of disease in lectures, books, &c., and making the student an intelligent witness of surgical operations. In fact, the great object of dissection is to become acquainted, by means of the eye and the touch, with the size, form, position, and relations of the various parts, in order to become a skilful operative surgeon and a discreet physician, able to make correct diagnoses of disease.

The theatre of *anatomy* is closely allied to the dissecting room, the principal difference being that in the former the demonstration is given with due regard to methodical arrangement; the bones and muscles, the arterial and venous systems, the nerves, absorbents, and viscera, are there described, systematically, in detail, recalling to the pupil's mind, though in different juxta-position, the facts that have been learnt during dissection. Everything here depends on the

qualities of the teacher, who may be either a sound anatomist and a very indifferent, lifeless, instructor, or a showy and declamatory lecturer, who leaves no clear perceptions in the heads of his auditors. The good anatomical teacher distinctly describes the subject before him, invests dull subjects with interest by his manner, and, as he proceeds, illustrates from practice the importance of studying the structure which he is describing. Sir CHARLES BELL was such a teacher. To the meanest process of a bone he gave the most wonderful interest, endued it, as it were, with muscles and locomotion, seldom leaving a bone until he had fully shown its normal structure, and the cause, effect, and cure of the fractures and dislocations to which it was subject. On such teaching it is impossible to be an inattentive, unimproved attendant. Above all, punctuality of attendance at anatomical lectures should be rigorously observed; for a single lecture lost is a link dropped from the chain of facts, which may not be replaced during the session. Respecting *notes*—commonly held to be tests of diligence—they should be regarded as the aids of memory, not substitutes for it. Undue attention to the mechanism of writing in the lecture-room is a perversion of the object. Notes should be general expressions of facts, opinions, and hints, connecting links of the subjects, not transcripts of the words read or spoken. They should comprise the long statements of the lecturer in the short language of the hearer. They then furnish proofs that the hearer has both understood and thought on the subjects taught.

With the study of anatomy that of *physiology* is so closely connected, that the accomplished anatomist can scarcely be other than a good physiologist, the only difference being that the former studies the structure in repose, while the other, partly by experiment, partly by his reasoning powers, follows the same structures into action. The organs and their functions are so intimately united, that anatomy and physiology must be studied together. Indeed, the expertest dissector who is ignorant of physiology is not an anatomist. He is a common draughtsman, or map-engraver, who can furnish an outline copy of a drawing or a statue by mensurement, but cannot colour, or give the expression of life; one who has stopped half way in his career, and accomplished nothing as an artist. Physiology brings together, in a systematic form, the normal phenomena which present themselves during animation, classifies and compares them, deduces from them general laws and principles, and explains the vital powers of living beings.

As physiology respects healthy life, *pathology* is concerned with disturbed functions, or disease; and the two form together the basis of all effective remedial means for the cure of maladies and injuries. Certain is it that disease cannot be understood, nor its seat known, nor its treatment effected, where one is ignorant of structure and natural healthy functions. The joint importance of anatomy and physiology, therefore, to all who would become masters of the *ars medendi*, is palpable; and, happily, it would be difficult to select subjects of greater interest and more free from painful or tiresome details. Every step seems to the student a discovery—every fresh fact a new leaf in the book of life—and he wonders as he goes how he could so long have been ignorant of the phenomena of the body in which he lives,—so beautiful, so important, so worthy of being known, so essential to constitute an accomplished man, to whatever class of life he may belong.

Surgery is the branch of medical science which treats of the lesions that are incidental to human structures, and the operations by which they may be restored, or rendered tolerable to man. Surgery is not a science of itself. It is a part of medicine. "There is," observes Dr. J. THOMSON, "but slight foundation, if any, for the distinction into medical and surgical of those diseases which practitioners are required to treat, or in the modes of treatment by which the diseases themselves may be cured or relieved, experience having long shown that not only is the use of internal remedies required in most of the diseases regarded as strictly chirurgical, but that there are few diseases coming under the care of the physician in which morbid affections do not frequently recur, calling for the manual aid or practical skill of the surgeon." (*Lectures on Inflammation.*) A hundred intelligent men besides him have admitted and urged the same fact. The separation of surgery from medicine is an arrangement more suited to the fifteenth than the nineteenth century, and is allowed to continue simply by the mischievous and selfish ordinances of the governing institutions and the regulations of councils, who make a greater profit by the separation than by the union. Ridiculous laws of the realm follow and

support this absurdity and cheat. The Judges recognise a difference between "medical" and "surgical" diseases—between internal and external complaints—and between the respective treatment of each. It is right, therefore, that the student should understand the *legal distinction*, as well as the *scientific connection*, that exists between the practice of surgery and that of medicine, in order that he may avoid, perchance, some trouble, by and by, in the courts of law. In its common acceptation, therefore, surgery is held to comprise the art of healing,—1. Injuries of all kinds. 2. Most local, especially external, complaints. 3. Internal affections producing changes that are discernible externally. 4. All cases requiring external topical treatment, or any manual operation. Skill in after-treatment is quite as necessary as dexterity in operating, where the delicate thread of life may be snapped by the least mistake or neglect during the after inflammation. The information that can be gained on surgery from books and systematic lectures is very imperfect and unsatisfactory, the only true places of instruction being the bedside, the operating-room, and the clinical theatre, where may at once be seen both the *modus operandi* and the effects of the operation—the after-treatment and the struggle carried on between the subsequent remedial agents and the disease.

Medicine is usually divided into two parts, the theory and the practice; the former is professedly taught by the lectures; the latter is exemplified by cases in the hospital. The whole of the theory and practice are usually included in the Professor of Medicine's course. The doctrines, indeed, comprised under the head of general pathology constitute the basis of practical medicine, and will be more or less applicable in proportion as they are supported by views which are more or less correct in chemistry and physiology. Doubt, it is true, still hangs over many parts of general pathology; and at present we take for merely ingenious theory what may one day be unreservedly accepted or rejected by experiment. The discoveries and doctrines of Liebig promise to exercise on medicine generally a great influence, being pregnant with important results as regards treatment. In attending lectures on medicine the student should habituate himself to separate mere doctrines from practical facts. Hair-splitting divisions of disease and ingenious nosological arrangements are unimportant compared with the learning how to distinguish one chief disease from another by investigating their predisposing and exciting causes. Lectures can teach, effectually, general principles only:—the adaptation of those principles to cases must be studied at the bedside.

Midwifery claims an important share of the student's attention. Some thoughtless persons suppose that Nature being in most cases her own midwife, obstetricy is an unimportant art. They overlook the accidents that occur suddenly, involving the life both of mother and child, and that a practised hand can alone perform the urgent duties of those perilous moments. A case of turning, or craniotomy, may occur, hæmorrhage may supervene, hour-glass contraction of the uterus may take place. What can be done by the youth who has seen only a few natural labours, only requiring him to tie the umbilical cord, sit by the bed to watch the labour, receive the placenta, and administer opiates or cordials? The diseases of children should be studied apart, under teachers selected for their experience and aptness, and their opportunities of affording frequent clinical instruction that is not to be had in the general hospitals.

Materia Medica and *Therapeutics* explain the nature, history, and mode of preparing the various medicinal agents that are used in the cure of disease, as well as the manner of their action on the system. Lectures on these subjects require to be accompanied by diagrams, drawings, and experiments, though they are seldom employed. To the student we would recommend the acquisition from books of all that is very learned and profound on these matters, and to get up the practice of distinguishing medicines, and manufacturing them, in the museum and laboratory.

Chemistry is generally a very popular course with beginners. The student should, during his attendance on this course, prepare his mind by previous reading on the subject of each lecture; for, chemistry being purely practical and demonstrative, he will thus be better enabled to follow with his eyes the manipulations by which the lecturers' statements are proved, afterwards repeating them in the laboratory, or at home, by himself. A thorough knowledge of chemistry will soon become as important in medical practice as that of anatomy and physiology. The great strides lately made by animal chemistry must have excited universal attention. Frequent attendance on weekly examinations are necessary to ensure proficiency in chemistry, and personal experiment should be added whenever there be leisure, and means permit.

Botany only indirectly attaches itself to medicine, but the physiology of plants is highly interesting to the student of general physiology. So far as concerns, however, what is generally taught and required, botany is strictly a demonstrative course, scarcely allowing of illustration by lectures. Compulsory attendance upon them is only

another source of useless expenditure, both of time and money. Botany is best learnt with a good "Introduction" in hand, in large gardens, and fragrant fields.

Another subject into which the pedlars of medicine have divided the science is *Medical Jurisprudence*, as though a man who knew well the other departments was not master of all the medical knowledge that is necessary to enable him to form opinions, or give evidence, upon medical facts and questions in courts of law. Since, however, a class of lecturers in this department has been created by the governing bodies, it will become an object, at least of curiosity to the student, to learn into what subdivisions medical jurisprudence is separated by the teachers. The occasions in which medical men are most frequently called before legal tribunals are those which relate to mortality. It is desirable, therefore, that they should make themselves well acquainted with the physiology of death, the condition of the body after recent death, the characters of external morbid appearances, the fallacy of pronouncing positive opinions on changes in the interior from marks found on the exterior, the *immediate* causes of death, the connection with the *next* previous abnormal events in the frame, and the difference between diseases that are produced naturally, and effects that are consequent upon violence. Other matters connected with medical jurisprudence are as readily learned in the library as the lecture-room, with the great additional advantage which self-tuition always has over the other kind of teaching, chiefly shown by its lasting effects upon the memory. Medical men, however, had better trust themselves on these occasions to the guidance of strong common sense, based on their medical knowledge and experience, for the books on medical jurisprudence abound with errors, repeated, parrot-like, time after time, from predecessors who have pronounced peremptory doctrines upon insufficient facts, and so become most fallacious guides for both Judges and witnesses in legal inquiries. In a recently published handbook for medical jurists, for instance, we found errors in three-fourths of the paragraphs in a long chapter on coroners' inquests and the office of coroner.

We shall close our present remarks with a few, and only a few, words on the study of medicine in the *hospitals*, in most of which the pupil is abandoned to his own resources by the medical officers, in a manner which is only a little less marvellous than it was twenty years ago, because *some* change for the better has been made in them. Praiseworthy examples of attempts to convert them into real clinical schools have distinguished one or two, and we see efforts making to increase the number. A certain ambition has at length sprung up amongst the hospitals. The competition is greater than it was. St. George's Hospital is much larger; University College Hospital has given an immense impetus to praiseworthy rivalry in clinical instruction. King's College Hospital is a new establishment. There is a hospital in the Strand. St. Thomas's Hospital has taken a new lease in medicine, and seems very likely to fulfil the proper intentions of a medical school. The St. Marylebone Infirmary now affords first-rate opportunities of studying the curative art; and there is serious talk of a capacious hospital at Paddington. We are never pleased to speak of public hospitals as marts of disease wherein knowledge is sold. But the difficulties of studying medicine out of them renders the hospitals useful and suitable places of invitation to students. The terms of entrance should be under Government regulation, and the students themselves need the means of exercising some other control than they have hitherto—at any rate —*employed* to ensure proper tuition in relation to the cases. This control being possessed, no advice can be given to them, in relation to clinical studies, which will be more appropriate or necessary than that which is comprised in an exhortation to be *diligent* and *attentive*. Respecting the control, and the means to obtain it, we have one recommendation to offer. The students at each hospital should cordially unite in a body of police to protect their own interests. Considering how grossly their patience and good temper has been abused for years in the hospitals, by the medical officers making the most magnificent promises when the entrance fees are paid, and impudently breaking every one of them before the session has closed, the pupils would be fully justified in taking this precautionary step. They should all join in one society of protection, and appoint a committee to carry out their views. In a general assembly they should first settle among themselves what rights their payments have undoubtedly procured for them in the wards and deadhouse. *These should be fully understood*. They should then depute the committee to receive any complaints from the members relating to neglect, on the part of the medical officers, of attendance at the hours named in the prospectuses, the absence of case-books and records of the progress made by the patients, obstacles to pathological inspections, hindrances to views of operations, refusal or avoidance of clinical information by the surgeons and physicians, and all those other abuses which arise in relation to the privileges of the pupils in the hospitals. The truth and propriety of these complaints should then be promptly investigated by the committee, who should be empowered to communicate, respectfully, on the subject with the medical officers, and so endeavour to obtain a remedy for what is wrong. We plainly tell the students that this is the only

way to secure for themselves the full advantage of that knowledge of disease which is so abundantly open to them in the glorious medical charities of the British metropolis.

This advice is worth adopting, as well in Birmingham, Manchester, York, Leeds, Sheffield, Bristol, Hull, and the other forty-four schools of medical instruction in the United Kingdom, as in London.

CASE OF LACERATION OF THE PERINEUM DURING LABOUR.

To the Editor of THE LANCET.

SIR,—I beg to enclose you the notes of a case of laceration of the perineum during labour, which occurred under my observation whilst acting as assistant to Mr. Henry Moon, of Lewes. Thinking it may be interesting to some of your readers, I transcribe it from my note-book, with a view to insertion in your excellent Journal, and remain, Sir, your most obedient servant,

B. ALFRED ROBINSON.

Lewes, September 15, 1843.

The wife of David Richardson was taken in labour, on the morning of the 18th of July, of her first child. Upon the due access of the pains I was summoned, and found my patient regularly but slowly progressing in the usual manner in first cases. Upon making examination *per vaginam* the parts appeared to me to be unusually small, and the perineum, though not then on the stretch, peculiarly rigid and unyielding. This region, too, seemed to be larger than common, the space between the vagina and rectum not being less than *four inches* in length. However, knowing that perinæa differs in different subjects, it was my duty to wait the natural course of events. The pains became stronger and more frequent, the membranes broke, and the vertex descended in the usual way until it came in contact with the perineum. It being by no means unusual in first cases for matters to remain in this state for a space of time varying from five minutes to twelve hours, I contented myself with supporting the perineum for five hours, and should have continued doing so had I not casually acquainted myself with the fact that the patient had some months before her marriage been operated on for what she described as "an abscess in her private parts." Under these circumstances it was clear that the perineum was nothing more or less than a cicatrix, and a most rigid and uncompromising cicatrix too. The parts were in full tension, and had been for some hours without progressing, and a large knuckle of scalp protruded through the *os externum*. Being acquainted with these facts I felt convinced that the child could not be born in the natural way, and that either the perineum must be lacerated, or an incision must be made to admit of the child's egress into this "breathing world." I accordingly summoned the attendance of my employer, Mr. Henry Moon, with a view of determining the best course to be pursued. On his arrival the parts were exposed, and we observed what I have described, with the additional fact of the child's scalp being perfectly black from incarceration, as it were.

It was determined that nature should be left to herself, that the perineum should be supported, and hot fomentations applied with a view of inducing a relaxation of the parts. The pains continued to come on very rapidly, and notwithstanding all my endeavours to prevent laceration, the perineum gave way,—the child's head was in my hand, and the birth of the head was followed by a *discharge of pus* from the lacerated part. Another pain expelled the body of the child, which was asphyxiated. Having successfully endeavoured to restore animation, though not for some time, I separated the infant from the mother, to whom I then directed my attention. She complained of little or no pain; indeed, was thankful for the state of comparative ease afforded by the expulsion of the child. The hæmorrhage was comparatively slight, and not being desirous to produce more discomfort than was actually necessary, having extracted the placenta and placed a bandage over the uterus, it was deemed necessary to defer the more minute examination of the parts till the next day.

On visiting the patient early next morning symptoms strikingly assimilating peritonitis exhibited themselves (I should have previously remarked that Mr. Moon had, by way of precaution, abstracted fourteen ounces of blood from the arm). There was most acute tenderness over the left inguinal region more particularly, though the whole abdomen participated in the pain, which was increased on pressure. Countenance anxious and pinched; pulse 120, full, and bounding; vagina swollen and painful, although the perineum was not particularly so unless moved; urine plentiful, but high-coloured; motions liquid, frequent, and offensive. The laceration extended from the inferior portion of the vagina to within half an inch of the sphincter ani,—that muscle, of course, not being included.* The lochia was most plentiful; the blood drawn was cupped and buffed. Under these circumstances it was to be determined whether this state of things was the result of constitutional irritation dependent on the laceration, or whether peritonitis distinctly existed. The appearances in favour of peritonitis were the extreme pain on pressure,

* The transversus perinæi muscle of the right side was divided.

the full pulse, and the anxiety of countenance; whilst, on the other hand, the diarrhœa, together with the abundant discharge of lochia and urine, would tend to negative the probability of that disease being present. Again, admitting that peritonitis were present, it was doubtful whether it existed independently of any other affection, or whether it were solely *sympathetic*. However, it was evident that inflammatory action existed. I accordingly reopened the vein, and allowed blood to flow *ad deliquium*, and I followed up the bleeding with these remedies:—

℞ *Protochloride of mercury*, three grains;
Powdered opium, one grain;
Potassio-tartrate of antimony, a sixth of a grain;
Conserve of roses, as much as necessary to form a pill, to be taken every three hours.

21. Rather better this morning; pulse keeps up, 120, full and bounding; countenance not quite so anxious; pain still acute on pressure; blood drawn last night cupped and buffed. Mr. Moon again abstracted blood to fainting. Repeat the pills.

22. Much better; pulse 120, but softer; pain on pressure much decreased; urine plentiful; bowels not acted. The parts look angry; a large slough visible in the centre. It was now determined to support the powers, as the probability of gangrene seemed very great. Three grains of the sulphate of quinine were given every four hours in solution, followed by five grains of the soap and opium pill; a suppository of three grains of opium was inserted into the rectum, and a yeast-poultice was directed to be constantly applied to the lacerated parts, together with a lotion containing the disinfecting solution of chloride of lime.

23. Considerably better; countenance more cheerful; abdominal pain not quite gone; the bowels have not acted; pulse 120; skin moist. Ordered a draught of castor oil and turpentine, and eight leeches to the abdomen.

24. Much the same; the draught has acted copiously; the passage of the fæces does not occasion much pain, nor does it interfere with the unison of the parts; slough came away; parts underneath look decidedly healthy; has passed no water since yesterday; three pints of high-coloured urine were drawn off by means of the catheter. Continue the use of the quinine.

25. The daily introduction of the catheter has become necessary.

Sept. 12. The patient declares herself to be now quite well, suffering no inconvenience from the parts, which she says are quite healed.

September, 15, 1843.

THEORY OF ANIMAL HEAT.

To the Editor of THE LANCET.

SIR,—I was much surprised to perceive in THE LANCET for September 2, 1843, that Mr. Winter, of Guildford, has attempted to appropriate some views of mine with regard to animal heat, which I published in the "Philosophical Magazine" as far back as March, 1839. Mr. Winter concludes his essay with these words,—"If there be any merit in this essay it consists in the assertion of the discovery of a principle in physics, *i.e.*, that the distention of elastic bodies generates heat, and the endeavour to apply that principle to account for the production of the thermal properties of animals." Now, Sir, this notion so closely, nay, so *exactly*, resembles my theory, that I shall feel obliged by your republishing the following account of it, as it appeared in the "Philosophical Magazine" in 1839. I am, Sir, your obedient servant,

J. M. WINN.

Truro, September 21, 1843.

"*On a Remarkable Property of the Arteries, considered as a Cause of Animal Heat.* By J. M. WINN, M.D.

"About three years since, whilst making a few experiments with caoutchouc, I was forcibly struck with the property it possesses of evolving heat when suddenly stretched, and was led at the time to infer the probability of other bodies being similarly endowed. The elastic coat of arteries especially, from the mechanical resemblance it bears to caoutchouc, appeared to be one of the substances most likely to exhibit this calefactory principle; and in the event of this being the case, it would not be unreasonable to conclude that the incessant contractions and dilatations of the arteries during life must form an efficient source of animal heat.

"During the past week I was induced to resume the subject afresh, and upon making an experiment with part of the aorta of a bullock, I felt much gratification in being able to verify my previous conjecture. The experiment was performed in the following manner:—Having cut off a circular portion of the descending arch of the aorta, about an inch in length, I laid it open and carefully dissected out the elastic coat, and taking hold of it by each extremity, I pulled it to and fro with a continuous jerking motion (in imitation of the systole and diastole of the artery), for the space of about a minute, when, placing it upon the bulb of a thermometer, I had the satisfaction to find that after it had remained two minutes the mercury had risen as many degrees. On removing the thermometer the heat immediately began to diminish. To be certain that the heat did not arise from any other source than the one in question, I took the precaution of covering my fingers with a double layer of flannel to

prevent the communication of heat from the body; I also covered my mouth with a handkerchief to guard against the warm breath affecting the thermometer whilst watching the progress of the experiment. I may likewise state that the experiment was performed in a room without a fire, the temperature of the air at the time being 55°. There were several difficulties to contend with during the investigation, and it was not until after repeated trials that the experiment succeeded to my satisfaction. The chief impediment, I think, must have been owing to the moisture of the artery, which, by its evaporation, must have had a constant tendency to carry off the heat. Having, however, performed the experiment twice consecutively in the same satisfactory manner, I think there can be but little doubt entertained as to its conclusiveness. My attention was often arrested, whilst conducting the experiments, by the striking mechanical analogies between caoutchouc and the elastic coat of arteries. Like the former, the latter could be elongated to twice its ordinary length, and on withdrawing the tension would return to its usual dimensions with considerable force and a snapping noise. I was also surprised to find, on slightly drying it, that it would erase black-lead pencil marks from paper without leaving a stain. This latter circumstance is perhaps of trifling importance; it serves, however, to show that strong mechanical resemblance may exist between bodies widely differing in their chemical properties.

"From the foregoing observations I think I am entitled to conclude that the whole of the heat developed in the animal economy can now be satisfactorily explained. Physiologists have often proved that the greater part of animal heat is occasioned by the chemical changes which take place during respiration; there always remained, however, a portion which could not be referred to that source, but which can now, I consider, be fully accounted for by the mechanical action of the arteries. The precise quantity of heat given off during each beat of an artery it would be exceedingly difficult, perhaps impossible, to discover; but if we admit the development of only a very small quantity, it necessarily follows, from the circumstance of the action of the arteries being an incessant operation during life, that the heat must quickly accumulate to a great extent, and that the body, unless cooled by the functions of the skin and lungs, would in a short space of time become preternaturally hot.

"The following physiological and pathological facts appear to corroborate the view I have taken of the mechanical source of heat:—1st, the minute distribution of the arteries to every part of the system, ensures a general and equal distribution of heat; 2ndly, the ossification of the arteries in old age, by diminishing their elasticity, is a probable cause of the diminution of animal heat at the close of life; 3rdly, the increased warmth of the body from exercise appears to be more readily explicable upon the principle of increased force in the arteries, rather than that of increased vigour in the functions of the lungs, inasmuch as the immediate effect of exercise is evidently to embarrass the breathing, as shown by the hurried respiration; 4thly, in many diseases of the lungs, where its functions are all at fault, at a time when the arteries are beating with increased violence, the heat of the body is found to be above the usual standard; 5thly, medicines which diminish the contractility and elasticity of the arteries almost invariably reduce the heat of the body; 6thly, the heat of local inflammations, in cases where the constitution does not sympathise to any extent, cannot be easily referred to any other source, as the arteries immediately in the neighbourhood of the affected part are throbbing with violence at a time when their capillaries (which are supposed to play so large a share in the chemical theory of heat) are generally considered to have their action entirely arrested. Many facts of a similar nature could be enumerated, but enough I think has been stated to establish the truth of the theory in question.

"Of the nature of the mechanical force I have been investigating little can be said; it may possibly be a kind of intermolecular friction. It is clearly, however, of a different nature from ordinary friction, and which has also been considered a cause of animal heat; but I think erroneously so, for on examining the mechanism of the human body we find that everywhere the most efficient means of defence have been provided against its effects, as seen in the various synovial, mucous, and serous membranes, &c. It is not the province, however, of the physiologist to speculate on the essential nature of mechanical or vital forces. His legitimate object, in the present state of the science, would seem to be that of analysing the simplest operations in the human body; to aim first at discovering the innumerable important processes that are carried on through the influence of physical agents, before he presumes to explain the higher and more mysterious principle of life; neither should he hastily call the vital power to his aid, to explain a phenomenon, such as heat, that is known to be common to every kind of matter, and which can be produced by a variety of physical forces independent of life.

"Truro, Nov. 8, 1838."

THE first lunatic asylum of which we have any record was founded at Jerusalem, in the sixth century, for those "poor monks whom distempered fanaticism had deprived of reason."

REMOVAL OF ERECTILE TUMOURS.

To the Editor of THE LANCET.

SIR,—I saw an account the other day, by M. Pigeaux, in the "Provincial Medical Journal," of an erectile tumour cured by vaccination. Three years ago I destroyed a similar tumour, of large size, on the head of a child, three months old, by similar means. I made a great many punctures with a lancet, charged with the vaccine virus, all over the tumour. The consequence was a large confluent pock, which effected a complete cure without farther interference. I had previously, at three different times, thoroughly broken up its interior with a sharp-edged cataract-needle, without effect. At about the same time, by a different method, I removed a large, flattish, broad-based, erectile tumour from the forehead of a girl two years old. I transfixed the tumour at its base, with two needles, armed with double ligatures, crossing each other at right angles. The tumour was thus divided into four segments; through the centre of each lower segment, at its base, I introduced a common steel needle, bringing it out at the centre of the opposite segment above. The upper threads were then knotted below the needle-points, so as to embrace the upper half of the tumour. The lower threads were now drawn firm, and tied below the heads of the needle. Small pieces of lint were placed below the needles' extremities, and the whole was covered with a pledget of dry lint, and secured with a bandage. The girl suffered little inconvenience from the operation, the tumour came off in a few days, and the part soon healed up, was smooth, and looked well; in a short time, however, the tumour gradually again arose, and was soon as large as ever. No farther operation was allowed.

At the time at which I write (now three years since the operation) it has decreased fully a half in size. Should it diminish in the same ratio, in three years more it will be entirely gone. This tumour was so flat and broad at its base that the ligatures could not have embraced it thoroughly at its root without the needles to keep them down. I have frequently tried nitrate of silver, but have found it useless in such cases. I find the potassa fusa much more potent and efficacious. With it I destroyed, in an infant, a chain of small erectile tumours, which stretched from the ala of the nose to the corner of the mouth. Some of them have returned, but so very slightly that I am in hopes they will disappear without anything farther being done. I am, Sir, your most obedient servant,

W. HENDERSON, M.D.

Corstorphine, Edinburgh,
Sept. 1843.

KING'S COLLEGE HOSPITAL.

CASE OF VASCULAR TUMOUR ON THE CHEEK.

ERROR IN DIAGNOSIS. OPERATION AND REMOVAL WITH LIGATURES.

WITH

CLINICAL OBSERVATIONS,

By Mr. FERGUSSON, Surgeon to the Hospital.

DONALD KELLEARD, ætat. 19, admitted 29th July, 1843, labourer, a native of London, where he has chiefly resided. Born of healthy parents. When about six months old a small white-coloured tumour was observed immediately below the left orbit, to which poultices were applied, when it diminished in size. Some time after it enlarged again, and again seemed to decrease under the use of poultices. Subsequently it gradually enlarged, and about eight years ago the skin over it assumed a dark-brown colour. At this time his mother, supposing that it contained matter, punctured it with a needle, when a small quantity of dark blood only escaped. The swelling did not alter much until about six months ago, when it suddenly began to enlarge, and has continued to increase up to the present date.

There is now a prominent tumour over the left superior maxilla, just below the orbit, about the size of a duck's egg, which keeps the eyelid against the eyeball, and begins to force the nose to the opposite side. The skin is of a dark-brown colour, and the touch does not clearly indicate whether the swelling consists of fluid or solid substances. Has occasional pain in the part, of a pricking character. Since he was two years old has always enjoyed good health, and now applies to have the growth removed in consequence of the increasing disfigurement.

August 1. To-day he was brought into the operating theatre, and Mr. Fergusson proceeded to operate with the intention of dissecting out the mass entire. Three incisions through the skin, each about an inch and a quarter in length, were drawn from the circumference of the swelling, and made to meet at a point on the centre, where the three flaps, of nearly equal size, were dissected from the mass. As soon as the knife passed deeper than the skin, which was of its usual thickness, and considerably more dense, the tissues appeared remarkably vascular; at each stroke of the knife a jet or gush of blood indicated the division of an artery or vein of larger size than is natural to this part, and before the flaps were sufficiently dissected off, several fingers were required to stem the flow of blood. Instead of attempting to remove the disease with the continued use of the knife, the plan of the operation was altered, and the tumour was twice transfixed with large curved needles, set in handles,

each carrying a double ligature, which were fastened to each other, and drawn tight round the base of the swelling. The bleeding was thus completely restrained, and the patient was sent to bed, with directions to keep cold cloths applied to the wound.

4. There has been no further bleeding, and warm-water dressings have been substituted for the cold; has had considerable pain in the cheek, which has become greatly swollen, whereby the eye is completely closed up; the parts surrounded by the ligatures seem to be completely strangulated, and are in a sloughing condition; wound beginning to discharge matter.

12. Has had a good deal of fever and taken little food; has had five ounces of wine daily, for some days, and been allowed beef-tea, or any other nourishment he might choose. A large portion of the tumour about to drop away as a slough, but underneath there still appears a vascular eminence.

16. The old ligatures were withdrawn and others substituted, so as to include the remainder of the vascular part.

17. Indications of two small abcesses, one in the eyelid, the other in the cheek, below the wound, were discovered, and on the 21st these were opened. On the same day the part inclosed within the thread sloughed away, and a healthy granulating sore was left.

Sept. 6. Since last report his health has rapidly improved, and his appetite is completely restored; the wound has gradually cicatrised, and he is now discharged, cured.

16. Has appeared at the hospital to-day in the best of health. The morbid growth seems completely eradicated, and the slight swelling which still remains is apparently the result of the severe inflammation on the cheek subsequently to the operation. It is less than when he last showed himself, and, from his own account, is rapidly diminishing. Has no pain or uneasiness in the part, and the cicatrix is scarcely observable at a little distance.

After the operation Mr. Fergusson stated that he had been completely deceived in his diagnosis of this case, for he had supposed the tumour to be one of an atheromatous character. Nothing in its history had led him to suspect that it was vascular, and certainly there was little in its appearance or character to induce him to think so. The skin was commonly thinner in such cases, and had all the indications of vascularity; moreover, the presence of pulsation and the compressible nature of the swelling, as well as other strongly-marked symptoms, usually led at once to the detection of such a form of disease. He had not come to a hasty conclusion in this case either, for he had repeatedly examined the mass, and had asked others to do so. He had thought that it resembled an atheromatous growth, but as it was not usual to see tumours of this description on the cheek, and as, moreover, its characters were such as to cause him not to be very clear on this point, he had fingered the part again and again. As soon, however, as he had begun his incisions he discovered his error, and he immediately resolved to treat the case with ligatures, according to the method which had been recommended, and so advantageously put into practice, by Mr. Liston. He had separated the skin from the vascular mass as extensively as he could do with propriety, so that he might include the largest possible extent in the nooses of the ligatures without interfering with that texture. On such an occasion the surgeon might feel himself in an awkward dilemma, and in the midst of such profuse hæmorrhage some coolness was required to determine on the proper course for further proceedings. Possibly, had he been aware of the real nature of the case when the patient came under his charge, he might have selected some other mode of treatment, although, in all probability, he would have chosen that which he had just followed, as being the best, under the circumstances, to effect the separation and obliteration of the vascular mass.

WESTMINSTER HOSPITAL.

INTOXICATION.—FRACTURE AT THE BASE OF THE SKULL.

August 25. A woman, name unknown, fifty to fifty-five years of age, was brought into the hospital last night, in a state of senseless intoxication, by the police. Upon the affusion of cold water by the house-surgeon, partial restoration to sensibility took place. She spoke in a drunken accent, and made efforts to disengage herself from the attendants. She was taken away in charge of the police, but brought back again this morning on a stretcher, in a state of insensibility, suffering from an uninterrupted succession of convulsions. She was placed in Dr. Basham's ward, and at half-past two, p.m., when the daily visit was made, she lay in a state of insensibility; comatose; low moaning; upper extremities slightly convulsed; pupils dilated; bowels not open since admission; pulse 120, cordy and incompressible. While noting the case she was seized with tetanic convulsions; opisthotonic; muscles of face much convulsed; during the paroxysm pupils contracted; as the convulsions subsided stertorous breathing and coma continued. To be cupped to twelve ounces from the temples; blister to the neck; mustard-poultices to the feet; one drop of croton oil, in sugar, to be dropped into the mouth.

She continued comatose, with the recurrence of convulsions, till four, a.m., of the 26th, when she died.

Examination Ten Hours after Death.

Of stout fleshy frame. On the occiput, and on the posterior portion of the left parietal bone, are evidences of ecchymosis from external injury. On removing the calvarium between the dura mater and inner table of the bone, and at a point corresponding to the external bruise, was an effusion of coagulated blood, extending about two inches each way. On taking out the brain and examining the bone, a fracture was discovered, commencing on the left portion of the occipital bone; proceeding about two lines anterior to, and in a direction corresponding with, the temporo-occipital suture; and terminating in the basilar process. The base of the brain was filled with blood.

Examination of the Brain.—Arachnoid very opake, particularly the posterior lobes of both hemispheres. Pia mater congested, highly injected on the lateral and posterior lobes; there is also an effusion of bloody serum between the arachnoid and pia mater. On the anterior lobe of the right side, and in a point corresponding to the right frontal sinus, is an apoplectic clot, seated about a line within the external margin of the cerebral substance. On the anterior lobe of the left hemisphere, immediately above the canal of the left olfactory nerve, is another apoplectic cyst. The lateral ventricles were distended with bloody serum. On the upper portion of the posterior horn of the left lateral ventricle the arachnoid was slightly discoloured, and this spot being carefully examined, was connected with a cyst, half an inch each way, containing a brownish dirty serum. The walls of this cavity were rough, with a yellowish sero-fibrous deposit, passing like bands across the cavity.

The daughter of the woman reported that her mother was an habitual drunkard, indulging in fits of intoxication which would last from three to four days. She has also had fits of an apoplectic character, from which she usually recovered without any medical advice.

Dr. Basham remarked that this case ought to have been placed under the surgeons; but that the external injury which had caused the fracture was not reported at the hospital, and, indeed, was not known till after the post-mortem. The convulsions and coma were, therefore, attributed to the existence of cerebral disease, and not the result of external injury. Dr. Basham observed that it was quite evident the injury must have been sustained while the woman was in custody of the police, and after she had left the hospital the preceding night. It was quite impossible, with such a fracture and such effusion of blood at the base of the brain, that she could have been aroused to consciousness by the mere affusion of cold water. She was in a state of intoxication when brought in the preceding night—the apoplectic clots observed in the anterior lobes could hardly have existed then; these, together with the fracture, must have occurred, therefore, subsequently, and while at the station-house. It is probable that in her drunken efforts, while confined in a dark cell, that she either fell or struck her head in some way, causing the injury now evident. Dr. B. called the attention of the students to the appearances of the old apoplectic cyst seated in the posterior lobe of the left side, as being remarkably characteristic of the aspect which such cavities always present after absorption of the clot which, in its recent condition, filled the cavity.

EXTENSIVE ORGANIC DISEASE.

Sarah Burden, ætat. 48, married, and has had nine children. Has had two miscarriages within the last eight years. All her labours have been attended with difficulty. Has had one child at six months, one at seven months, one at eight months, and the rest a few days within the usual period. Habits irregular. When admitted under Dr. Basham, on August 5th, she complained of a large abdominal swelling, accompanied by frequent pains, which she compared to the *belly pains* she has experienced in her labours. The abdominal swelling commenced about four months since, preceded by some period of bad health, indigestion, windy spasms, &c. &c. The swelling rapidly formed from below. The abdomen is much distended; distinct sense of fluctuation; but the epigastric, umbilical, and left hypochondrical regions are tympanitic; frequent paroxysms of flatulence; bowels ordinarily regular; suffers much from thirst; face emaciated, as well as the body generally; the lower extremities, within the last three weeks, have become œdematous whether standing or in bed. Pulse 78, cordy and compressible; urine high-coloured, transparent, albuminous; tongue moist, clean; surface smooth and glassy. Compound powder of jalap, a scruple. Beef-tea diet. Calomel, three grains, opium one grain, at bed-time.

16. Jalap powder operated twice; was very restless till she had the opium pill. Has suffered much all day from one of her frequent paroxysms of flatulence. Abdomen very tympanitic. Turpentine enema daily. Compound galbanum pill, five grains, three times a day, and a sleeping-draught of half a grain of acetate of morphia at night.

17. Reports herself better; discharged some flatus downwards after the enema; abdomen less distended. Continue remedies. The pinching paroxysms of pain complained of on admission have not returned.

18. Urine increases in quantity; passed a better night; tongue smooth, glassy, moist.

19. Symptoms improving; urine two quarts in twenty-four hours, deep orange-

coloured, no appearance of albumen. Continue remedies.

24. Symptoms continued variable during the last five days; occasional paroxysms of pain in the abdomen similar to those present on admission; this morning they have returned with increased severity, accompanied by copious eructations by the mouth; pulse 90, sharp and cordy; bowels relaxed. Compound fetid spirit of ammonia, half a drachm, with camphor mixture. Gin, three ounces daily.

Sept. 1. During the past week no improvement or alteration has taken place except an almost imperceptible diminishing of the powers of life. Bowels much relaxed; abdomen has become quite flaccid and considerably diminished in size; pulse compressible, very weak; countenance anxious. Takes nothing but the gin.

3. The powers of life gradually sank and she died at five, p.m.

Examination Twelve Hours after Death.

Body much emaciated. Head and chest not examined. Abdomen contained about two gallons of serum with a few flocculi of lymph. Intestines agglutinated together by recent gelatinous lymph; external and peritoneal surface dotted with innumerable tubercles of melanoid matter. Several portions of the small intestines, especially commencement of jejunum, much thickened, and converted into a coriaceous structure. The whole extent of the mesentery dense and schirrus-like, and dotted with vesicles, some containing limpid serum, others an opake cheesy mass. Liver much diminished in size, organic structure altogether altered, having the appearance of a congested spleen; in the right lobe a cartilaginous band, with ramifications extending in all directions. Gall-bladder full. Kidneys congested. Uterus and its ovarian appendages firmly agglutinated by dense peritoneal adhesions to the adjacent pelvic viscera; the broad ligament of the right side thickened, and containing in its substance several small cysts filled with serum; the left broad ligament similar, but less extensively diseased. The uterus, surrounded by thickened peritoneum, increased in structure from the addition of much adventitious deposit; enlarged to one-third of its original size. The uterine parietes thick, hard, and loaded with schirrous deposit; in no part ulcerated. Os uteri and lining membrane congested, but not otherwise diseased.

Dr. Basham remarked on this case that though the treatment on the symptoms during life had afforded scarcely anything instructive to the student—for the former consisted in little more than relieving the frequent urgent paroxysms of flatulence, and the symptoms throughout had clearly indicated extensive organic disease—yet the post-mortem appearances were highly interesting. They pointed out to what an extraordinary extent organic degeneration might be carried without many or very evident symptoms indicating either the seat or the extent to which these changes had arrived. The liver was reduced to one-third its natural size, and instead of a dense granular structure, was converted into a mass more like a portion of the lungs congested by infiltration of blood, and yet no symptoms distinctly characteristic of such degeneration were present. The peritoneal surface of the intestines exhibited traces of recent inflammation, evident by the glueing together of their folds and the flocculi of lymph in the serum contained within the abdomen; but the ordinary symptoms of peritonitis were not here present; the pulse never reached beyond 90, on admission it was only 78—it was compressible. The pinching belly-pains undoubtedly were connected with this inflammatory condition of the peritoneum; but their force, as indicative of inflammatory action, was masked by the urgent and suffocative paroxysms of flatulence so much relieved by the turpentine enemata.

Dr. Basham directed attention, also, to the appearances presented by the uterus, as being a good example of the character of schirrous formation in the earlier stages of its deposit, before the ulcerative and more fatal condition of ulceration had commenced.

INFLAMED BURSA TREATED BY PUNCTURE AND TINCTURE OF IODINE.

Aug. 22. To-day a healthy-looking man, a stone-mason, employed at the House of Lords, was admitted with an inflamed bursa on the right patella, produced by kneeling in his occupation. He stated that he had been subject to rheumatism, but of late had not been troubled with it. The bursa had begun to enlarge about two months ago, and had since gradually increased in size; it had never been attended with pain. It is now about the size of half an orange, and, on examination, appears to be quite unconnected with the joint, which, however, is somewhat enlarged, from the rheumatic attacks to which he has been subject. The parietes of the bursa appear to be very thin. He experienced no pain during the examination.

23. To-day Mr. Hale Thomson directed the attention of the students to this case, and contrasted it with one on which he had operated some time since by the removal of the cyst entire (see LANCET, ante, p. 697). In the present case the most advisable plan of proceeding appeared to him to make a puncture in the lower part of the tumour, evacuate the fluid, and then apply the tincture of iodine. The quantity of fluid in this case was so large that it would require a very long time indeed to get rid of it by simple counter-irritation, and the man would,

consequently, be detained from his work for a long period, which, to him, might be of serious import. The coats of the bursa were too thin to warrant its removal entire.

A valvular puncture, with a lancet, was accordingly made into the tumour, at its lower part, and about three ounces of clear limpid fluid evacuated. Strict rest was enjoined, and the daily application of tincture of iodine ordered over the bursa. This application was persevered in for about a fortnight, when he was made an out-patient. At the end of three weeks he was quite fit to return to his work and was discharged, cured.

EXAMINATIONS IN BOTANY AT THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—In answer to Professor Henslow's letter I would beg to state that the letter sent to you (Sept. 2) was not written by a disappointed candidate, neither was it intended to have been *insinuated* that Professor Henslow was not at Somerset-house at the time of the examination. I intended broadly to state that he was *not* there, and during the examination he certainly was not there, neither while the candidates were writing, nor to receive the papers, for I saw them packed in a tin case, to be sent to him. But as Professor Henslow says that he was there afterwards. to compare marks with the other examiners, of course, so far as that is concerned, I must have been mistaken, and beg freely to apologise for the same; but still I must say that it is a curious thing that we, anxious students, who were waiting below, could not catch a glimpse of him, for none that I spoke to had seen anything of him, neither could I see anything of him myself. Perhaps he left by some other than the front door, unwilling to face those *deservedly but bitterly disappointed* candidates; or, mayhap, he did not like meeting the other two classes of which he speaks. Surely the different professors of botany in London must be very much to blame in the method of instruction if (remembering that only twenty-one gentlemen had the pleasure of passing) the examiner on botany is able to divide his rejected candidates into *three separate classes*, or else their ideas of what is necessary *to be taught* must differ very much from Professor Henslow's ideas of what it is necessary *to know*. For I believe it is not every professor of botany who teaches the state of the embryo in the cuscuta, or the manner in which it obtains its food, which certainly is a great oversight, considering the importance of those two subjects to medical practitioners. Nor do I believe there were three men who went up who knew: I certainly did not, and do not now. If men are expected to know such things as that, no wonder that the number of candidates presenting themselves at the university decreases annually, and if such questions are not intended to be answered why are they asked?

Professor Henslow says that it is quite sufficient for a candidate to describe the three specimens put into his hands. Then why were they not told so? Why were those questions the *last* to be asked? Several of the men had not time to get sufficiently advanced to answer the first of those questions even. He also says that he framed his questions with a view to *systematic botany*. Now this is a thing that he certainly had no right to do, for if there have been a former examination on systematic botany, and the students are given to understand that the examination will only be on structural and physiological botany, it is not to be supposed that they will charge their memories with systematic botany; neither has a man any right to *examine* a student on what some two years before he himself said he was sufficiently qualified upon. If such a thing as that be allowed no man is safe. I should like to know whether members of the College of Surgeons, or licentiates of the Society of Apothecaries, would submit to be called upon by those bodies and re-examined, and perhaps rejected. Why, Sir, they would cry out *en masse* against such a thing, and surely if it is not right in the one case it cannot be right in the other, and if not right it should not be allowed.

Professor Henslow likewise says that there is quite enough time to answer the questions asked. Now it is of no use to say what is *able* to be done. I would ask what *was* done. Did *two* men, of all who went up, answer *all* the questions *properly*, and as such questions ought to be answered? And it is to be presumed that some few went up properly prepared. Why, Sir, the very first question that was asked in materia medica took many of the students nearly an hour to answer, and there were eighteen questions asked altogether, and expected to be answered in three hours. But if the examiners can say that two men answered all the questions as they ought to have been answered, I will very freely consent to say that I am wrong.

At the same time, Sir, I cannot help expressing my esteem at the very kind and gentlemanly manner in which the examiners who were present conducted themselves towards the candidates.

By inserting the above you will greatly oblige yours truly,

B. M. EYRE.

University College, London,
Sept. 22, 1843.

THE LANCET.

London, Saturday, September 30, 1843.

We have said so much on the affairs of *t e season* in other parts of our Journal this week, that in this place we shall keep to our custom, and find a subject of address on one of those topics which our readers, we know, are so willing and able to discuss with us, week by week, in relation to the common interests of science.

The subject of "specifics," briefly noticed in our last number (page 899), leads us, this week, to the consideration of *empiricism* in medicine, with which the use of specific remedies has, in general, been intimately associated. In the first place, then, we should keep in mind the true meaning of the term "empiricism," which is precisely equivalent to that of *experimentalism*,—the system of making trials in order to find out what are *the facts* connected with a given subject. It has been too much the custom to oppose what is called *rational* to *empirical* medicine, as if there were really anything discrepant in their nature; whereas, empiricism, in its proper place, is the most rational thing in the world. In all the physical sciences, excepting medicine, philosophers are content to discover facts by experiment before they begin to generalise and reason. But we, of the class Doctor, often reverse this process, and begin by reasoning upon what we *conceive* to be the facts of a case, when, after a century or so of ratiocination, it turns out that our conception is amiss, and that the facts are not what we imagined. Thus, after protracted discussions as to the *modus operandi* of a medicine in a given disease, it comes at last to be acknowledged that the medicine has no operation at all, excepting on the fancy of the doctor and his patient. Nothing, therefore, is more indispensable, when inquiring into the operation and efficacy of remedies, than to ascertain, by repeated experiment, that the remedies *have* a power of operation, and what that operation is; in other words, to exercise empiricism in the first place, which by no means precludes us from the subsequent exercise of our reflective powers. If, by reasoning, we can arrive at a satisfactory explanation of the *modus operandi* of the remedy when proved by experience to *be* a remedy, so much the better for medical science; but if not, the fact is not less practically available, and we still possess an efficacious remedy. Can any human being form a probable guess how quinine cures the ague? Yet it is the most certainly efficacious of all remedies.

The vast extent of the sciences connected with medicine, the intricacy of the inquiries which they involve, and, above all, the extreme difficulty of bringing the truths of natural science into immediate and profitable relation with the phenomena of life have conspired to render the progress of medical theory exceedingly slow; and it must be confessed that with all our science, the practice of medicine owes a very great part of its efficacy to simple experience. It is for this reason that the treatment of disease has, in the hands of judicious practitioners, varied so little in different ages, while medical theory is incessantly changing. The practice is founded, in a great measure, on a knowledge of the efficacy of remedies derived from experience, while much of the theory rests on presumed facts which, being hatched by time into chimæras, take unto themselves wings, and let the laboured product of human ingenuity fall to the earth. A few powerful remedies may be considered as resting their claims to confidence on "rational," or theoretical, grounds, such as *blood-letting* and *counter-irritation*, of which the one obviously diminishes the action of the heart, by withdrawing the natural stimulus of that organ, and the other operates according to the pathological law that the living system does not readily carry on two different morbid actions at the same time. But a majority of our most potent means of combating disease are derived from simple experience, and we are unable to give any-

thing like a satisfactory explanation of their mode of action. Accounts differ as to the manner in which the febrifuge powers of *cinchona* were discovered, but all agree that the discovery was accidental, and, as before observed, we can form no probable conjecture as to the *modus operandi* of the drug. *Colchicum*, we may instance, both as an efficacious remedy, whose mode of operation is unknown, and also as one of those "old friends with new faces" which we have lately been re-introducing to public notice. The history of this drug is curious. The *hermodactyl* was known to the ancients as a powerful remedy against gout, but, from some unaccountable cause, it fell into disuse. Towards the close of the last century a nostrum, called the *eau médicinale* of Husson, came extensively into vogue as a specific for the same disease. In the present day the specific power of colchicum in that disease is almost universally admitted. But there is every reason to believe that the hermodactyl was no other than a species of colchicum, and, probably, the very species we now use. Again, although it is not certain, there is little doubt that the *eau médicinale* was a vinous infusion of colchicum. So that the same specific remedy appears to have forced itself on public attention three several times, under as many different names —a fact, it may be observed, which, if admitted, affords abundant evidence of the efficacy of the medicine. Yet here, as in other instances, the *modus operandi* is entirely obscure and capable only of a hypothetical solution. The prophylactic power of the vaccine virus against small-pox was known, for ages, to milkmaids and farriers, before it became familiar to the medical profession, the members of which are not even yet quite agreed whether the two poisons be the same or different; nor, supposing them to be different, are they able to explain, in the smallest degree, the manner in which the one antagonises the other.

A rational empiricism, which is content to avail itself of useful agents, without being able to explain their operation, constitutes a peculiar and excellent feature of British medicine, and contributes not a little to the acknowledged efficiency of our practitioners at the bedside. In France, where mercury is at a discount, because its operation cannot be made to square with prevailing pathological views, several acute diseases are treated with much less success than among us. Pericarditis, for example, is much more fatal on the continent than in England. Experience teaches us that in that disease, as in some other cases of membranous inflammation, although more, perhaps, in this than in any other, mercury has the power, however inexplicable, of preventing the effusion of lymph, and promoting its absorption when effused. Accordingly it is our sheet-anchor in the disease, and the greater part of our cases recover; whereas the larger number of the patients who are treated in France, where mercury is not generally used, quit life under the disease. This statement has been made by Dr. Graves, of Dublin, and, we believe, with perfect accuracy.

But, independently of the reasonableness of adopting what is ascertained to be useful although we may not know *why* it is so, we suspect that many of those remedies which have hitherto been used empirically will prove, ere long, very important indices to the scientific theory of medicine. We have before shown that the influences of certain agents over the functions of the special organs and systems are, in all probability, but so many facts in organic chemistry, capable, like other facts in science, of being infinitely combined and generalised. By no means unlikely is it that many facts in practical medicine, which are inexplicable according to old theories, and therefore regarded as profitable only in an empirical point of view, will admit of splendid illustration by the agency of views which are but just dawning upon us, and may afford criteria of the justness of such views, and, hence, that what is now despised by many as "empirical," may contain the germ of a system of "rational medicine" far more rational, be-

cause more true, than that which at present obtains.

Regarding it, then, as sufficiently established that the simple observation of the effects of remedies, independently of all theory, is of no less importance to the science than to the practice of medicine, we would remark that much philosophy is needful for the success of empirical inquiries in special therapeutics. The adoption of a strict numerical method might appear, at first sight, to afford the necessary data for absolute and certain conclusions; but, unhappily, in this instance, as in many others in which life is concerned, it is impossible for us to arrive at all the circumstances of any one case which presents itself. And even were this otherwise, no two cases would be found to agree precisely in all their circumstances. This obstacle to the universal application of numerical methods of inquiry it is that prevents medicine from immediately becoming an exact science. The fact should impress upon us the importance of numbers in medicine, and at the same time demonstrate the folly of supposing that medicine can at present be made to rest solely on the numerical method, seeing that such a state of things is contingent upon circumstances which a mere statistical inquiry cannot bring to light, a previous knowledge of these circumstances being essential to the application of the numerical method. Nevertheless, numbering in medicine must materially assist us in determining the more prominent facts in relation to the operation of drugs. Had such aids always been adopted we should not have on record so many ludicrous and humiliating instances of perfectly inert substances being extolled as specifics for the gravest maladies.

Dr. R. Howard prescribes, with success, for nervous and various other headachs, a mixture of a drachm of acetic acid, an ounce of compound tincture of cardamoms, and four ounces of some convenient vehicle, of which he directs a mouthful to be taken every twenty minutes.

A Treatise on Food and Diet, &c., with an Account of the Dietaries of numerous Public Establishments for Paupers, Criminals, &c. By Jonathan Pereira, M.D., F.R.S., Examiner in Materia Medica and Pharmacy in the University of London. Longman and Co. 1843. 8vo. pp. 542.

(Second Notice.)

Having, on a former occasion, described the leading features of what we conceive to be a very meritorious compilation on the elements and principles of food, and having recommended to the reader's attentive perusal that portion of it which launches into details beyond our reach on the compound aliments—both solid and liquid,—we shall confine ourselves at present to the consideration of aliment generally, as adapted to the different wants and conditions of human existence, and particularly as affecting the health of persons confined in prisons, hospitals, poor-houses, &c.

The term *assimilation* has been applied to designate the processes by which alimentary substances are converted—*first*, into blood, *secondly*, from the blood into organised or living tissues; and among these processes the most important is digestion, which comprehends those changes effected on the food in the stomach by movements partly mechanical, but principally chemical. Thus, by the digestive process, and mainly through the action of the saliva (see Müller's Phys. Trans., i., 548, and Mr. Ancell's remarks in The Lancet, vol. i., 1842, p. 421) starch is converted into gum and sugar; oily substances are, by minute division, formed into a kind of emulsion; and proteinaceous bodies (fibrine, albumen, and caseine, both animal and vegetable, as well as gluten) are liquefied in the stomach by means of *chymosine*, preparatory to their precipitation into the duodenum, all these substances being absorbed by certain vital powers and passing into chyle. From these circumstances it must be obvious that, considering the multifarious articles of food, presenting in such different shapes and varied proportions the elementary nutritive principles, different kinds of food must naturally be more difficult of digestion than others. Oily or fatty substances, for instance, are especially difficult of digestion, and vegetables are generally slower of digestion than meats and farinaceous substances. With respect to animal fibres, in particular, the state of their texture has a powerful influence over their digesti-

bility; violent exertion immediately before death (as in the case of the hunted hare or stag) renders the flesh as tender and digestible as it becomes also by incipient decomposition. Fibres, however, may be tender and soluble without being proportionably more digestible; and this is the case with veal, lamb, and the flesh of other young animals, which is much less rapidly chymified than that of the adult animal. Solid food, also, taken in its most general meaning, is sooner disposed of by the stomach than fluid, and its nutritive principles are sooner carried into the circulation. Minute division of solid food, however, is a most important aid to digestion, connected with which we must mention the importance to dyspeptics of a perfect and leisurely *mastication* of food. The process of *insalivation*, also, must not be overlooked as affecting the digestibility of food; for, when any substance has been thoroughly intermixed with the mucus and saliva at the upper end of the alimentary canal, it is far more speedily acted on by the gastric juice; whereas, on the contrary, dry food hastily swallowed is not so readily converted into chyme, both chymification and chylification being greatly checked by imperfect insalivation. To promote the same great end of rapid and easy digestion, cookery is employed on nearly every organised substance, for the purpose of more or less completely destroying its organisation. Of all methods of cooking that of *moderate boiling* is by far the best suited for sick and dyspeptic persons, as most completely effecting the solution of gummy and saccharine substances, the rupture and partial dissolution of amylaceous particles and the coagulation of albuminous and fibrinous liquids. Next in order, as promotive of digestion, is *roasting*, which, by splitting and rendering soluble the amylaceous particles, as well as coagulating the vegetable albumen, increases the nutritiveness and digestibility of most vegetables and many fruits, deprives flesh of part of its water, liquefies the fat (which thereby partially escapes during the operation), coagulates the albumen, and corrugates the fibrine. *Broiling* produces very similar effects to roasting but more rapidly, the produce being more savory, though less digestible, owing to the presence of empyreumatic oil, generated in the operation. *Baking* and *frying* are culinary processes which, with respect to meat, at least, are quite inadmissible for dyspeptics, owing to the quantity of oil, either generated necessarily during cooking, or used as a medium in the application of heat. Thus, for instance, boiled and roasted mutton are good, solid, easily digestible articles, while meat of the same kind *baked* (as is so commonly done by the working classes, to avoid trouble), is promotive of bile and difficult or slow of digestion; and either meat, fish, or eggs are, when *fried*, especially unwholesome, owing to the indigestibility of the fatty particles. These facts in dietetics are not sufficiently attended to by professional men with dyspeptic and nervous patients; and, as they are thoroughly borne out by Liebig's chemical analysis, as well as by Dr. Beaumont's experiments on the human stomach, it is the more desirable to draw to them the marked attention of our professional brethren. We now present a table of the relative *digestibility* of various articles of diet, drawn up in substance from Dr. Beaumont's experiments on the gastric juice.—

	Time of Chymification.
Boiled rice, pig's feet, and tripe	1 hour.
Boiled salmon-trout (fresh), barley-soup, raw apples, and boiled venison-steak	1½ hours.
Boiled sago, tapioca, barley, and animal brains; broiled beef's liver and raw eggs	2 hours.
Roasted turkey and wild goose, boiled turkey, warmed hash, roasted and baked potatoes	2½ hours.
Raw oysters, boiled beef, and beef-marrow, roast beef, boiled and broiled mutton, chicken-broth	3 hours.
Broiled pork and sausages, roasted muttor, fried flounders, stewed and roasted oysters, fried and hard-boiled eggs, baked bread	3½ hours.
Fried beef and beef's heart, boiled and roasted fowl, broiled veal, boiled beans, beef-soup	4 hours.
Salted beef and pork boiled, fried veal, roasted wild duck, boiled mutton-suet, and boiled cabbage	4½ hours.
Roasted pork and boiled beef-suet	5½ hours.

In connection with the digestibility of food, which, of course, is a matter of prime importance with dyspeptics, it is necessary also to consider the amount of nutrition furnished by various alimentary substances, and this will depend partly on the proportion which the solid bear to the watery particles, and the quantity of carbon and nitrogen, but especially the latter, contained in each. It must be recollected, however, that bulk is perhaps almost as necessary to the

articles of diet as the nutrient principle; for too highly nutritive food is, by causing hypertrophy and congestion, almost as fatal as that which contains an insufficient quantity of nutriment. Solid food, also, is sooner digested than liquid food. Milk and raw eggs, for instance, which hold caseine and albumen in solution, are coagulated too soon for proper chymification, and soups or broths, not being susceptible of coagulation at all, are not digested till a portion of their watery particles has become absorbed. To show the comparative *nutritious* qualities of various articles of food, Dr. Pereira has compiled a table (see p. 454), representing the average quantities of dry and moist particles, carbon, and nitrogen, in some of the more important. We wish, however, that the worthy doctor had supplied *the gaps* in the table; and he might also have enlarged it usefully by experiments of his own, the results of which we should have valued quite as highly as those with great names attached by way, we suppose, of the *argumentum ad verecundiam*.

The subject of diet, moreover, concerns states as well as individuals, and ought to be well studied by statesmen and magistrates, naval and military officers, governors of public institutions, inspectors and keepers of prisons, and poor-law guardians, because, from the nature of their duties, they have become responsible for the health and life of large masses of the community. The gross and inhuman conduct of gaolers, overseers of the poor, and workhouse-keepers, in former times, has been sufficiently exposed by Howard, in his two works on Prisons and Lazarettos, as well as by the Prison-inspectors and Poor-law Commissioners; indeed, a worse than Egyptian darkness has prevailed till very recently respecting the very objects of imprisonment, and starvation has been superadded to incarceration to such a degree, that we should not be far wrong in estimating the number of misdemeanants and debtors *killed* in prison by downright starvation, or improper non-nutritive diet, at three times the number of those who during the last century have died on the public scaffold. This statement is sufficiently horrible; but, alas! even in the hospitals—places confessedly established for sanitary purposes—death has done its work with astonishing success, owing to neglect of proper dieting, and the poor in workhouses have from the same causes dropped soon and silently into an unhonoured grave. Now, we are not willing to attribute these shocking results to any causes beyond mere ignorance of the amount of food actually required to support human health and life under certain circumstances of confinement and separation from social intercourse and interesting employment, and also of the importance of preserving a strict regard to cleanliness and ventilation under all circumstances, where great numbers of human beings are confined in small spaces. The subject of dietaries, however, has at length met with the attention that it deserved, and attention is now pretty generally paid in arranging the diet-tables of prisons and asylums to the modifying circumstances of age, sex, the amount and kind of exercise and labour, the constitution, the state of health, the length of confinement, and the condition of life of the parties for whom they are laid down.

The following very important statement, condensed from the work before us, comprises the leading physiological and chemical principles on which all diet-tables should be established:—

The body, being made up of many differently constituted principles, and having no power of creating elementary substances, must be supplied with foods containing all the elements which enter into its composition. Moreover, the animal system must not be supplied merely with these elements in their raw, uncombined state, because the animal system has no power of forming its organic constituents out of simple or elementary bodies,—*no power of forming the organic constituents of the tissues out of any substances except those of analogous or identical composition with the component principles of those tissues.* Indeed, Liebig has proved that (with the exception of cellular tissue, membranes, brain, and nerves, which vegetables cannot produce) the animal organism has no power of creating any of the organic principles that enter into the composition of animal tissues. Thus, nitrogenised foods, as, for instance, proteinaceous substances (composed of fibrine, albumen, caseine, and gluten) are necessary for the formation of tissues partly composed of nitrogen; and non-nitrogenised substances, also, as fatty, saccharine, and starchy substances, furnish the carbon which, by developing the heat necessary for vital energy, saves the injurious and excessive action of oxygen on the tissues. And, among infants in particular, non-nitrogenous foods, which are the elements of respiration, must be provided to supply the carbon and hydrogen necessary for effecting the combi-

nation requisite to protect the organised tissues from the injurious influence of a surplus quantity of oxygen.

These principles have been used as the basis of the dietaries appointed by the Poor-law Commissioners and the Inspectors of Prisons, in departments previously so disgracefully stinted of the bare necessaries for a miserable existence,—the object of the former being to provide an adequate, and only an adequate, supply of wholesome food suited for the labouring classes, and that of the latter to give such quantity of food (at the least expense) that shall suffice for maintaining health and strength among persons, either labouring or not, in a state of confinement.

With the dietaries recommended by the Poor-law Commissioners many of our professional readers are well acquainted from their connection with unions; but perhaps the following statement on the respective solid, fluid, and meat constituents of the weekly allowances according to the six dietaries thus recommended, and now (one or other) generally used, may not be without interest or usefulness:—

Diet-Tables.	Men.			Women and Children.		
	Liquid.	Solid.	Meat.	Liquid.	Solid.	Meat.
I.	19½ oz.	145 oz.	15 oz.	19½ oz.	129 oz.	15 oz.
II.	14	178	12	14	139	7
III.	12	187½	13	12	156½	10
IV.	16½	172½	14	16½	137½	11
V.	13½	202	10	13½	186½	10
VI.	17	188	8	17	163	8
Averages ..	15½ oz.	179 oz.	12 oz.	15½ oz.	152 oz.	10½ oz.

This allowance of *cooked* food,* it will be seen, considerably surpasses, both in quantity and quality, the average amount of food procured by farming-labourers, which was estimated by the Commissioners of the Poor-law Inquiry at 122 ounces of solid food for each person, bread being the chief and almost exclusive solid article. That people, in the enjoyment of full liberty, would live and thrive on these dietaries, there can be no question; and we conceive that for adult and aged paupers the quantities are abundant; to growing children, in whom organism is constantly active, a more than usual supply of food, both nitrogenous and non-nitrogenous, is requisite to furnish the materials for enlarging the tissues, and without it they become pale-faced, flaccid, puny-looking starvelings. We could suggest, also, the substitution to all adults of tea for the pint and a half of gruel—a liquid that very often disagrees with the stomach and produces violent diarrhœas.

With respect to prison-diet, the principle now pretty generally acknowledged is, that stint or badness of food ought not to be made an instrument of punishment; but that in all cases there should be given a sufficient quantity of various kinds of solid nutritious food to maintain health and strength. Hence, in the prison-dietaries ordered by the Government, the following rules are invariably observed:—First, that there shall always be three daily meals in prisons, two of which shall be hot; secondly, that animal food shall in all cases form a part of the diet of prisoners employed at hard labour or confined for a longer period than fourteen days; thirdly, that a considerable portion of the daily allowance to each prisoner shall be solid; and, fourthly, that there shall be variety and occasional changes in the kinds of food forming the prison diet. On such principles as these are framed the various dietaries now adopted in our prisons; and from the subjoined table will be seen the weekly quantities of food for several classes, confined for more than three days.

Class IV. comprises convicted prisoners for terms not exceeding fourteen days; III., prisoners employed at hard labour for terms not longer than six weeks; IV., prisoners at hard labour between six weeks and three months, with (VIII.) prisoners awaiting

* It is very necessary to be observed that the weight above given refers to food ready for eating, and to cooked meat *without bone*. The loss sustained during the preparation and serving of the latter, in public institutions, is very great, somewhat exceeding eighteen per cent. under any circumstances of care and attention.

Articles.	Class II.		Class III.		Classes IV., VIII., and IX.		Class V.		Class VI., VII.	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Bread, oz.	168	126	168	126	168	126	168	126	168	126
Cooked meat, oz.	0	0	6	6	12	12	16	12	12	12
Potatoes, oz.	0	0	64	64	32	32	112	56	32	32
Total, solid food	168	126	238	196	212	170	254	194	212	170
Gruel, *pints* ...	14	14	14	14	14	14	11	11	14	14
Soup, *pints*	0	0	2	2	3	3	3	3	3	3
Cocoa, pints ..	0	0	0	0	0	0	3	3	0	0

trial and (IX) destitute debtors; V., prisoners at hard labour for terms exceeding three months; VI., convicted prisoners confined without labour for periods exceeding fourteen days; and VIII., those sentenced to solitary confinement. Prisoners under punishment for prison-offences not longer than three days are allowed only one pound of bread daily; those in close confinement for a longer period, twenty-four ounces of bread and two pints of gruel.

There can be no doubt that the quantities here ordered are fully sufficient, and *not more than sufficient*, to maintain health and strength; which being the case, we attach no value to the objection that so generous a diet (better than that usual with honest labourers) is a temptation rather than a discouragement to crime; because, to give less than what is necessary for preserving the frame uninjured would be superadding a punishment not contemplated by the law. Class V. is by far the greatest allowance, but by no means too much, considering the labour and term of confinement.

Several hospital-dietaries are subjoined, and the author has collected some useful hints on the diets expedient for particular diseases; indeed, we think that this portion of the work is one that deserves an attentive perusal, and one, also, that would bear enlargement, should there be any call for a second edition. We shall ourselves, probably, take up the subject of public dietaries ere long, and consider the matter *chemico-physiologically* (if it be permitted to coin an expressive compound); but meanwhile data are here given for much useful reflection. With this remark we place in the reader's hands a very useful and creditable compilation.

CHEYNE has observed that when hydrocephalus occurs in persons above ten years of age, it is most common in females.

MEDICAL EDUCATION IN GERMANY.

THE same season of the year which calls the English student of medicine to the London and other medical schools that are "recognised" by the examining bodies of this country, leads the German *burschen*, also, to the universities of the kingdoms or principalities to which they respectively belong; and so numerous at present are the subdivisions of the once great Germanic empire, that there are now twenty-five universities conferring degrees in four faculties, scattered over different parts of Germany. We ought long ago to have had the most complete and satisfactory accounts of these seats of learning; for there are at both of our ancient chartered universities "travelling fellowships," endowed for the purpose of enabling the holders to report on the state of medicine and surgery in foreign countries, which fellowships have, for the last hundred years, been held, successively, by persons who, with one exception, have never written a line that could prove their acquaintance with any single fact in medicine derived from foreign countries. In default of such information, and considering that the season may lead many of our own mature students to confirm their English instructions at some German university, we shall begin to furnish some directions respecting the principal places of resort for medical students, with a very few remarks interspersed on the practice that is peculiar to the various public institutions, our list of professors, we would observe, being the most recent that can be procured.

We commence with *Berlin*, which, on many accounts, from the character of its professors, men like Müller, Hecker, Dieffenbach, Jüngken, Busch, Wagner, and Mitscherlich, and from the large size of its public institutions, supported by state allowances, deserves, perhaps, above all others, to become the residence for a year, at least, of those students who aspire to the highest knowledge of their profession.

THE UNIVERSITY OF BERLIN came into operation only so recently as 1810;

but as it has been supported by the whole influence of the court and government, it has, of course, had few obstacles that could impede its success, and it has always been the Prussian monarch's endeavour to collect in his metropolitan university the ablest men of all the Germanic confederacy. The edifice, in which the chief studies are conducted, is a fine building forming three sides of a square, and separated by a railing from the public street. It comprises plain, but airy, lecture-rooms, good dissecting-rooms, an anatomical theatre, and museums, both of natural history and human as well as comparative anatomy. Many of the preparations, admirably exhibited, are illustrative, especially, of the physical history of our race, of the formation of bone through the entire existence of man, and, above all others, of the diseased structures that are procurable from almost every variety of disordered function or disorganisation. Indeed, out of Paris and London there is no museum which, in extent and value of contents, may vie with that which has been arranged chiefly by Müller, Hecker, and Ehrenberg. Upwards of three hundred medical students avail themselves of these advantages, and the curriculum usually required comprises:—

First year. Anatomy, physiology, chemistry, and botany.

Second year. Materia medica and therapeutics, general and special pathology.

Third and fourth years. Clinical attendance on medicine, surgery, obstetricy, and diseases of the eye.

After such an attendance (the arrangement of which is far more methodised than that ordered by our friends in Blackfriars and Lincoln's-Inn-fields) the candidates for academical honours undergo a preliminary examination (*tentamen* or *erste prüfung*) before the dean of faculty, and afterwards are called before the whole faculty to pass the *rigorosum*, which lasts from three to five hours. Success in this trial procures the doctorate, as, indeed, a similar one does at the other Prussian universities; but a far more severe ordeal has to be undergone *ere they can be allowed to practise*. These examinations, conducted at Berlin under examiners appointed by the crown, are far more trying to the talents and experience of candidates than any others that we know to exist, and, certainly, as tests both of scientific and practical acquirement, reach (if adhered to) a far higher point in the scale of medical requisitions than any with which we have yet been acquainted. The candidates are divided into three classes:—1, physicians; 2, surgeons; 3, small surgeons; and the powers of practice, as well as the requirements in evidence of competence, are pretty fairly graduated. The first two classes undergo the same kind of examination as respects *practice*; and, from the method of inquisition, it is impossible that one who has been only crammed by a grinder, or who is merely book-informed, could ever pass it, the dead body and museum preparations being important subjects for testing the candidate's ability. The small surgeons are a very unimportant class. With these mere *hints* on the state-arrangements affecting medicine in Prussia we shall resume our notice of Berlin, and furnish the list of medical professors now employed in giving public lectures there, they are,—

Human anatomy and physiology, Müller, Reichert, and Schlemm.
Comparative anatomy and physiology, Ehrenberg.
General pathology, Hecker and Eck.
Surgery, Jüngken and Dieffenbach.
Midwifery, Busch and Wilde.
Medical Jurisprudence, Wagner and Casper.
Materia medica, Mitscherlich and Schulz.
Pharmacy, Link.
Chemistry, Mitscherlich and H. Rose.
Veterinary surgery, Reckleben.

Clinical medicine, Schönlein, Wolff, and Wagner.
Clinical surgery, Jüngken and Dieffenbach,
Clinical obstetricy, Busch and Kluge.
Clinical ophthalmology, Jüngken and Aneelstein.
Clinical lectures on syphilis, Kluge.
Clinical lectures on insanity, Ideler.

The great hospital, *Charité Krankenhaus*, is an extensive and well-arranged building, healthily situated in the outskirts of the town, and having accommodation for upwards of a thousand patients, most of whom are disposed in wards much smaller than those in our English hospitals; and there are separate divisions for medical and surgical cases, eye-diseases, syphilitic, and obstetric patients. Besides the regular clinical professors, who perform the duties of physicians and surgeons, there are several resident practitioners (*Stabsärtzen*), who act as dressers and clerks, receiving a trifling salary, this duty being a kind of preparation for army surgeoncies, and lasting from three to five years. The visits are made from nine till about twelve, and the instruction is given at the patient's bedside, which thus becomes absolutely what it should be,—a clinical school. Dr. Schönlein is a very excellent instructor, and in point of professional acumen has a higher reputation than any physician in Germany. Dieffenbach's clever rhinoplastic operations are well known; but on the score of his dexterity generally, as well as his treatment of surgical cases, he deserves the highest praise. Jüngken's operations on the eye are made with uniform niceness and precision; and he may, on the whole, rank next to Rosas, of Berlin. The

operating theatre is on the same floor with the surgical wards, thus affording great facilities for wheeling in and out the patients that are to undergo operations. Dr. Ideler, who superintends the insane in the new part of the Charité, is the author of a very large and clever work on the "History and Lives of Insane Persons." Besides the great hospital, there are two dispensaries (*polycliniken*), for furnishing the student with opportunities of actual extensive practice, and attached to one of them is a sort of *maison de santé*, where sick persons are accommodated for a certain payment; this is under the care of Dr. Romberg. Dr. Wagner is at the head of an institute for practical instruction in medical jurisprudence, which his energies, aided by the shrewd calculating genius of Casper, have raised to an importance which it has not attained in other parts of Germany. There are two botanic gardens, one of which, at New Schönberg, under the care of Link, is exceedingly extensive and particularly well kept, at an average yearly expense of about 12,000 dollars. Berlin boasts, also, of a veterinary college, not connected with the university, but very complete in every department, second to none but, perhaps, that of Vienna. The university library (200,000 volumes, besides manuscripts, and constantly enlarged by grants averaging about 15,000 dollars a year) is daily open to students, who are allowed to take out books under the *caret* of a professor. On the whole, therefore, it will be seen that Berlin has, on account of its medical institutions and deservedly celebrated professional instructors, a high claim on the attention of those students who are able to visit the continent; some subjects are even better taught than in Paris, and there is scarcely one department that can fairly be said to be neglected, the King himself taking always the greatest pains, at any sacrifice, to collect around him the choicest teachers that Germany can afford. The expense of living at Berlin is higher than at Heidelberg, or Bonn; but the superior advantages are such as to counteract almost any additional outlay.

We shall give some account of the other Prussian universities in a succeeding number, and shall afterwards proceed to describe the medical establishments of other Germanic states.

In speaking of the treatment of insane patients, Esquirol says, "From the gestures, movements, looks, expression, discourse, from shades of difference inappreciable to any one else, the physician often derives the first hint of the treatment which is suitable to each case consigned to his care."—*Med. Gaz.*

Dull Leeches may be made to bite by throwing them into a little fresh beer until they become lively. They will then rarely disappoint expectation.

MEDICAL SOCIETY OF LONDON.

Monday, September 25, 1843.

Mr. Pilcher, President.

This was the first meeting of the session. There was a numerous attendance of members and visitors.

The President, in taking the chair, made a brief address respecting the prospects and condition of the society, which were both in a very satisfactory condition. During the past session many new fellows had been enrolled, and the papers and discussions which had occupied the attention of the society had been most valuable and interesting. It was the intention of the council to publish memoirs or transactions of the society, and he requested the co-operation of the members in this undertaking. He had no doubt that the new memoirs would be equal in value and interest to those which had been published many years by the society, and which were so justly celebrated. He concluded with some remarks on the value of medical societies, not only as the means of communicating facts and opinions, but of forming and cementing friendship among the members.

Death from swallowing a filbert-nut. —Obstructions in the intestines, and their treatment.

Dr. Clutterbuck related the following case:—A gentleman, thirty years of age, in robust health, after violent exercise at the game of skittles, was suddenly seized with a severe pain in the left iliac region, which, in the course of a few hours, shifted to the opposite side. This part soon became tender to the touch and tumefied. Warm baths and purgatives were employed without any effect, and subsequently venesection to fourteen or sixteen ounces, and this was again repeated after an interval of four hours. Thirty-six leeches were also applied to the abdomen. The symptoms, however, rather increased than diminished; there was no evacuation; the fever was higher and the pain greater. Purgatives were now again employed, commencing at first with the milder, and proceeding gradually to the more drastic, ones. Croton oil was administered by the mouth, and turpentine per anum. Five grains of calomel and two of opium were given on two occasions, and two grains of calomel and one of opium every two hours after, for twenty-four hours. He had no sleep, and vomited, but more, he thought, from the medicines administered than from the disease. The vomiting was not stercoraceous. In addition to these symptoms he was troubled with urgent tenesmus. Under these circumstances Dr. Clutterbuck was requested to see him at some distance from London. A few hours before he arrived he found the patient had been re-

lieved by several small evacuations; the pain had been thereby much lessened, and hopes were entertained that he would do well. In the course of the same night several small evacuations of a watery but still fecal character took place, but there was still the vomiting, which had gone on for three days, and he could procure no sleep. The next morning Dr. Clutterbuck left him under the impression that he would do well, for although he had had no sleep, and his pulse was still frequent, and his tongue somewhat loaded, the vomiting had ceased. He had since heard from the medical man in attendance that he continued to improve during the greater part of that day, but towards night his pulse became quicker, rising to 120, vomiting returned, accompanied by persistent hiccup. The bowels were not again opened. He lingered until the next night, the symptoms of depression continuing, and the hiccup and vomiting being constant. Injections and mild purgatives, with a full dose of morphia at night, were of no avail, and he sank the following evening, calm and collected.

At no time did the pulse warrant further blood-letting; the morphia produced no sleep. On examination after death marks of extensive inflammatory mischief were found in the abdomen; the intestines were agglutinated, and other marks of disorganisation existed. There were ulcerated openings in the cæcum and colon, four or five inches of the lower portion of the ileum were sphacelated, and just at the union of the ileum with the cæcum was found a filbert, complete in its shell, floating in fecal matter. It was astonishing how the filbert could have got into the stomach entire without the patient having been conscious of it, and it was clear he was not so, for he had never mentioned it, and had himself believed that the symptoms under which he laboured were those of intussusception. He (Dr. C.) thought the filbert sufficient to explain all the mischief, for, by acting as a local irritant, it set up local inflammation, and this became of the general and destructive character which examination after death revealed. This case was one of much interest, and particularly as regarded the treatment by purgatives in cases where inflammatory action existed in the abdomen, either as the result of intussusception or otherwise. Would it not be better in such cases always to make the inflammatory symptoms the objects of the greatest attention, and to avoid all drastic purgatives, which he believed were often most baneful? This was more particularly advisable in cases where a foreign body was known to be in the intestines, for by the avoidance of purgatives the body would be more likely to pass away with the accumulated fæces when they were evacuated.

Mr. DENDY believed that these obstructions were not often the result of the impaction of a foreign body simply in the intestine, but from its lodgement in a cul-de-sac or blind pouch in the intestine. He mentioned a case in which a bean imbedded in the appendix vermiformis had proved fatal after having given rise to all the symptoms which were present in Dr. Clutterbuck's case. Mr. W. King had shown him a case in which a diverticulum of intestine had become adherent to the umbilicus, and formed an artificial anus. He was of opinion, with Dr. Clutterbuck, that drastic purgatives, both in these cases and after operations for strangulated hernia, should be avoided. Enemata would be more advantageously employed.

Mr. HEADLAND made some remarks, which were explained away by Dr. Clutterbuck.

Dr. STEWART and Dr. T. THOMPSON detailed some particulars of a case of inflammation of the bowels which had been much aggravated by the use of purgatives. Venesection, leeches, injections, and blisters, proved successful in effecting a cure. Whenever purgatives were attempted to be given the symptoms were always increased.

Dr. G. BIRD believed, with Dr. Clutterbuck, that in his case the filbert had acted as a local irritant, and produced the mischief. Cases of impaction of foreign bodies in the intestines were not uncommon, but their pathology was still obscure. The diagnosis, too, of inflammatory affections in the abdomen, was often difficult; mild peritonitis might exist, for instance, without any great tenderness.

Dr. WILLSHIRE related a case of pain in the course of the colon, resembling colitis, but which, resisting all the anti-inflammatory means resorted to for its removal, yielded readily to a strong antispasmodic injection of camphor and assafœtida.

Mr. HANCOCK regarded the constipation following operations for hernia, and that accompanying cases similar to the one under discussion, to be the result of a "lesion of function," and should be treated by soothing applications, and not by drastic purgatives.

At the next meeting a case of Talicotian operation, with remarks, by Mr. R. Storks, will be read.

NEWS OF THE WEEK.

THE LICENCE OF THE APOTHECARIES' COMPANY.—A Mr. Edmonds, practising in Paris, was lately summoned before the police court of the department, for exercising medicine in France without having received a licence from one of the faculties of medicine in that kingdom. The authority to practise possessed and laid before the court by Mr. Edmonds, was the certificate of the Master, Wardens, and Worshipful Society of Apothecaries. The president remarked that "this diploma seemed to give authority to practise pharmacy only, and not medi-

sine;" to which the practitioner replied, by urging that "doctors, so called, in England, were required only in consultation, while apothecaries, otherwise surgeons—in fact, 'general practitioners'—were the medical attendants of the great mass of the population, furnishing medicines, and answering in some degree to the French *officiers de santé*, and that it was by virtue of the very kind of document which he produced that the general practitioners exercised their functions." But this sage explanation failed to make clear to the president by what reason the licence of a company which he considered was trading in drugs should give the right to meddle with life and limb, and Mr. Edmonds was fined 5*s.* and costs. No account is given, however, of his having attended medically any but his own countrymen residing in France.

PREPARATIONS are making at Guy's Hospital for the purpose of opening a clinical ward for the diseases of children, the first, we believe, of the kind in England. The ward is to be placed under the superintendence of Dr. Golding Bird.

THE Medical Society of London, the oldest in the metropolis, intend to publish their Transactions. It is a great number of years since the society ceased to publish, but their Memoirs, published in the latter part of the last century, are deservedly esteemed as practical and scientific.

THE subject for the Fothergillian medal for March, 1841, is "On the Origin, Symptoms, Diagnosis, Treatment, and Consequences of Scarlet Fever;" and for March, 1845, "On the Origin, Nature, and Treatment of Lepra and Psoriasis."

MEDICAL PRIZE.—The German Union for the Promotion of Medical Science has proposed to award its prize for 1844, worth 40*l.*, for the best essay on Diseases of the Motor Nerves in Man and Domestic Animals. The essays are to be sent free to Professor Link, of Berlin, president of the union. The successful essay will remain for the first five years the property of the union, and will appear in its Transactions, after which the copyright is to revert to the author. For further information on the subject see the "Gazette des Hôpitaux."

THE Avignon Jesuits have sent forth a pamphlet, entitled "Nôtre Dame de Remede, or Miraculous Medicine," which equals in absurdity anything that has hitherto been put forth in modern times. According to it paralysis, dropsy, cancer, and other "diseases of uncertain seat," with blindness, dislocations, &c., are promptly and radically curable by orisons, fastings, church discipline, and vows, but particularly the application of relics. The order increases in wisdom and power, and now boasts of more wonderful remedies than Jesuits' bark!

MEDICINE has lately sustained a loss in the death of JACOBSON, principal physician to their Danish Majesties, and who died, after a short illness, at Copenhagen, on the 29th of August, aged 61. Louis Levi Jacobson, born in Copenhagen, in 1782, belonged to a Jewish family of distinction. His numerous works on anatomy and medicine procured his nomination to a professor's chair in both the university and the Academy of Surgery in the Danish capital, in the face of the old, worn out, and bigoted national regulation that precludes all persons from public offices who do not subscribe to the dominant religious faith of the country—the Lutheran. Jacobson was further raised by the king to the rank of privy councillor (when will medical men receive the same amount of consideration in this country?) he was a member of several orders of knighthood, and of numerous learned societies. The French Academy of Sciences, in 1843, elected him a corresponding member, in the place of Sir Everard Home, deceased, and awarded him a prize, worth 160*l.*, for his invention of the *lithoclaste*.

THE DEATHS IN THE METROPOLIS in the week ending Sept. 16th, amounted to 915, being 35 above those in the previous week, and 67 above the weekly average for the five past summers. The deaths from diseases of the heart and great vessels, and from those of the digestive organs, were stationary, being 16 to 98 respectively; but from almost all the other chief categories of disease there was a considerable increase of mortality. Deaths from diseases of the brain and nervous system, 177; from those of the respiratory organs, 219; from those of the urinary organs, 4; from those of the joints, 8; deaths from childbirth and uterine disease, 6; from dropsy, cancer, and various organic diseases, 83; from old age or natural decay, 44; from violence, &c., 18; and from epidemic diseases, 241. The deaths from diarrhœa were 69, or 18 more than in the previous week; those from dysentery were 7, or 5 less; from cholera 4, or 2 less. Deaths from typhus had decreased to 30 from 45 (as in the week before); those from hooping-cough to 15, instead of 26; and those from small-pox to 5, instead of 9 cases; but fatal cases of measles had risen to 32, and of scarlatina to 48 (instead of 17 and 41, as in the previous week).

THE ROYAL MEDICAL SOCIETY OF ATHENS (Greece), emulating its contemporaries in Western Europe, in the cultivation of medicine, as regards the giving of prizes for medical essays (as we learn from "L'Observateur Grec"), has proposed to award, in 1841, a gold medal and the honorary membership of the society to the author of the best answers to the following questions:—Does the period at which sulphate of quinine is administered exert any influence on its

febrifuge qualities? What are the most eligible mode and period for its administration? What influence is exerted on its efficacy by the quantity of the dose and form in which the medicine is employed? What is the treatment, dietetic and therapeutic, most adapted to ward off paroxysms of intermittent fevers? It is wisely desired that the essays in answer should be of *a moderate length*; they must be written in ancient or modern Greek, or in Latin, and arrive by or before March 31, 1844, to the hands of Dr. A. Broitelos, secretary to the society, Athens. The name of the successful candidate is to be published on the 1st of August in the same year.

PRURIGO IN A CHILD FOUR YEARS OLD.—A child of four years old, strong, but of a lymphatic temperament, had been, since the age of eighteen months, the subject of prurigo, extending over the whole of the body. The eruption did not seem to affect the general health, but the itching and smarting of the papulæ were, as usual, severe, particularly at night, causing the child to present one mass of scratches inflicted by the finger-nails. The eruption had been checked several times; but at each period of its absence, fever, swelling of the body, loss of appetite, oppression of breathing, and cough, came on, which symptoms again disappeared with the return of the prurigo. It was, consequently determined to adopt no future means to get rid of the disease, but to leave this to nature; suffering the child rather "to bear the ills it had, than rush to others that we know not of."—*Gaz. des Hôpitaux.*

APOTHECARIES' HALL, LONDON.

NAMES of gentlemen who received certificates of qualification to practise as apothecaries, Thursday, Sept. 21, 1843:—John Lea Hauley, Westminster; Frederick Henry Secretan, Barnet, Herts; Thomas Turton, Denby; John Pickop, Blackburn; John Howard Norton, Matlock; John Whitteron, Knaresborough, Yorkshire.

CORRESPONDENTS.

THE arrangements for the two volumes of THE LANCET for 1843-44, will be announced in an early number.

To the Editor.—SIR: In a note appended to your observations on the medical section of the British Association for the Advancement of Science, in THE LANCET of Sept. 16th, is the following interrogatory:—"For the honour of the association, pray is this the Mr. WHERLAND who advertises a hydropathic establishment in the Cork paper?" Yes, this is the very same individual, who, having failed in his *college* establishment speculation, is now adding to it a "hydropathic institution." This amphibious union disgusted many of the profession, and prevented several respectable medical men from attending the medical section. I am, Sir, your very obedient servant,

D. D. G.

Madeley, Sept. 22nd, 1843.

P.S.—You have seen the hydropathic advertisement, and I beg to inclose a prospectus of Dr. Wherland's "college curriculum" for the ensuing session." By it you will see that Dr. Wherland is the lecturer on anatomy, physiology, and pathology, of the "Cork School of Medicine," &c.

A Ten Years' Subscriber.—The following is a translation of the formula for making "Pommade de Gondret," given in THE LANCET for 1832-33, vol. ii., p. 815:—Melt a certain quantity of lard and add to it olive oil, relatively to the consistency required in the pommade. Half fill with this mixture a metallic bottle with an emery stopper, the remaining half of which is to be occupied with strong liquor ammoniæ, to within half an inch of the stopper. Tie down the stopper tightly and shake the bottle briskly; then, having enveloped the latter in a cloth, place it in iced or other cold water.

A correspondent says, "Dr. Wigan has on several occasions extolled the application of Beaufoy's concentrated acid as an infallible remedy for *tinea*, one of the *opprobria medicorum*, and especially prevalent in a great public school for many years. Would Dr. Wigan note down the anatomical and other appearances of the disease, *i. e.*, give *a definition* of it, as the word *tinea* (like scurvy and leprosy) has been long, and is now, employed to designate several very dissimilar maladies."

J. F. P. has not offered questions which can be answered, though probably an affirmative reply might be given to the chief inquiry that he desires to make. What does he mean by "recognised by the authorities" of the boards? We never heard of any (legal) "degrees of comparison" between the Scotch institutions. He inquires "if the medical school is also recognised?" Recognised where, by whom, and on what account?

Can any correspondent put another correspondent (*M. N.*) in the way of obtaining some information respecting the Radcliffe Lunatic Asylum? It is, *M. N.* thinks, situated in the country, and supported partly by voluntary contributions.

ERRATUM.—In the communication of Mr. Dixon, at page 844, the sentence beginning at line eleven should have been pointed and have stood thus:—"Each tumour had the feel of a mammary gland; over the surface, and raised from one and a half to two lines above it, were irregularly-distributed small prominences," &c.

E 906 (25)